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## POLIOMYELITIS

BY CHARLOTTE JOHNSON, R.N.

**P**OLIOMYELITIS OR infantile paralysis was first accurately described by Michael Underwood, of London, in 1774. The earliest recognized epidemic in this country occurred in Vermont in 1894. Since that time, outbreaks of greater or less severity have appeared in various sections of the United States. Sporadic cases are not uncommon. Most epidemics occur in the late summer and early autumn.

### CAUSE

The cause of this destructive and crippling enemy of childhood and youth still baffles medical science. In spite of the most painstaking research work carried on over many years by various observers, the organism or virus causing the disease is not definitely known. A coccus has been found in the brain and spinal cord of persons dying from the disease. This may be a secondary invader. It has not been proven to be the cause.

It has been found experimentally that the secretions from the upper respiratory tract of persons suffering from the disease or from healthy carriers will, if smeared over the naso-pharynx or injected into the spinal canal of monkeys or rabbits, produce the disease in these animals. Emulsions of diseased cords

injected into the spinal canal of monkeys will produce the disease.

The infection, with its attending inflammation, may attack the spinal cord in various areas giving rise to acute symptoms and causing a motor paralysis in correspondingly different parts of the body. The lumbar enlargement of the cord seems to be the most common location of the infection. Hence the frequent incidence of paralysis in the lower extremities. When areas higher up involving the respiratory center or the special senses are involved, the disease is fatal.

### CONTAGION

The infection appears to be transmitted by direct or indirect contact with infectious secretions. The cause of the disease retains considerable resistance to drying which makes it very readily disseminated. Discharges from the mouth, nose, throat, and eyes, and the excretions of the body of the sick patient carry the infection. These dried secretions carried in dust and in various ways are also very dangerous.

### HUMAN CARRIERS

It now seems certain that the human carrier plays by far the most important role in the spread of epidemics. Nasopharyngeal washings from healthy

members of families in which a case of poliomyelitis occurs frequently reveal that several healthy individuals in such a household may be carriers showing sufficient virus to produce the disease in experimental animals. This knowledge is very important. During epidemics, everything possible should be done to isolate close contacts, as well as the sick patient, and to take measures to prevent persons attending the sick from becoming carriers. The wearing of masks while in close proximity with the patient who may be coughing or crying and spreading droplet infection through the air, is a rational and efficient prophylactic measure. Nasal and throat sprays have been recommended, but this procedure may be harmful. The nasal secretions normally have certain bactericidal power which is protective against infection. It is obviously important that the natural resistance should not be lowered in any way when persons are being exposed to an infectious disease which gains entrance through the mucous membranes.

When a sporadic case develops in a community, it is now believed that some healthy human carrier has transferred the infection directly or indirectly from a patient, a carrier, or some eating utensil or other infected thing. Flies, insects, dogs, cats and domestic animals, which have long been suspected as carriers, may carry the disease mechanically on the feet, mouths, or fur, but are no longer thought to be hosts of the disease.

#### UNRECOGNIZED AND ABORTIVE CASES

Careful clinicians have observed during recent years where a child develops infantile paralysis, others who do not

show paralysis often have some mild indisposition for a few days which may or may not be followed by muscular weakness. It is now believed that during epidemics there are probably great numbers of abortive cases who acquire immunity without developing paralysis. Persons having fever with vague nervous symptoms, living in a neighborhood where there are cases of poliomyelitis, should be isolated and treated as cases of this disease. These cases as well as healthy carriers obviously may be a great menace to the community. With the beginning of an epidemic it is of the greatest possible importance that early diagnosis be made and that effective isolation measures be very promptly established.

#### QUARANTINE

The most infectious period is probably during the acute onset. Strict quarantine should be enforced. The usual isolation period is about three weeks. In most cases this time covers the acute stage. Isolation should be maintained longer, as indicated, in the case of the very ill patient showing nasal discharge and having febrile symptoms.

Careful asepsis is exceedingly important. Caps, gowns and masks should be worn while handling the patient. These should be removed and the hands thoroughly scrubbed before leaving the infected area. All dishes and utensils should be carefully boiled. All discharges should be collected on gauze or cloths, dropped into clean paper bags, and promptly burned. All linen, cleaning cloths, nurses' and maids' aprons should be boiled. No dry sweeping should be done. The infected area should be carefully screened. The

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appearance of a fly should demand a swatter; it should not be allowed to escape alive. No pets of any kind should be permitted to enter the infected area.

#### SUSCEPTIBILITY

The highest susceptibility is in children under six years of age. Older children and adults not infrequently contract poliomyelitis during an epidemic. The mortality is higher with increasing age. Strong, healthy children from the most favored environment seem fully as susceptible as do those living under less favorable conditions. Overheating, chilling, trauma and nervous fatigue appear to be predisposing factors in some cases.

#### INCUBATION

The incubation period varies considerably. The average time is probably about a week.

#### EARLY SYMPTOMS

There is a prevalent idea that the typical onset of infantile paralysis is similar to that of a "cold," which is somewhat misleading. It may or may not bear that similarity. When a little child is developing almost any acute communicable disease, it is at first very commonly thought to be only a "cold." As a matter of wide observation the onset varies considerably in different epidemics and in different individuals. Fever is usually the first symptom, varying in time from a few hours to several days. Headache is common. Nausea with vomiting is often the first symptom noticed. Generalized pain and tenderness are present in most cases. There is frequently a marked sensitiveness of the skin. The child is

irritable and does not want to be moved about. Drowsiness is not uncommon. Tremor or twitching is sometimes noticed. Profuse perspiration is common. In some outbreaks "grippy" symptoms, —sore throats, headache and general pain, are common. Many cases show some meningitis and there may be considerable opisthotonos. Strabismus, blindness and deafness may occur in rare cases. Delirium and convulsions may be seen in the very fatal type. These cases often die before paralysis appears.

#### PARALYSIS

A motor paralysis of one or more limbs usually appears between the first and seventh days after the onset of the disease. In the majority of cases it develops on the third or fourth day of illness. At this time the child often seems better, the temperature and acute symptoms having subsided, but upon getting out of bed he falls upon the floor, if the leg is involved, or upon arising, the arm may hang limp, if that member is affected.

#### SYMPTOMS DURING THE ATTACK

After the paralysis there is usually a recurrence of fever for several days. Pain is an almost constant symptom. There is usually some intestinal disturbance. Either constipation or diarrhoea may be present. Retention of urine sometimes occurs or there may be frequent or involuntary micturation. Flexion of the neck, back or limbs causes intense pain.

#### COURSE

The course varies greatly in cases which do recover. In some children having extensive paralysis, spontaneous

recovery comes on very rapidly. In these cases there has been considerable inflammation with little or no destruction of nervous tissue. As soon as the inflammation subsides, normal function is restored. In other cases where the early involvement is apparently less extensive, destruction of nervous tissue may be extensive and normal function is permanently lost. There is great variation between these extremes. The nerves controlling one muscle or only a part of a muscle may be destroyed, but by careful muscle training and by readjustment of nervous structures, other muscles may be stimulated and normal function practically restored. In the great majority of cases which do recover, the paralysis improves during the first month. One or more members may show weakness. Atrophy of certain sets of muscles is usually evident.

#### TREATMENT

Blood serum from persons who have recovered from poliomyelitis and also from monkeys that have recovered from the experimental disease contain certain antibodies which are active against the virus. The problem of reaching the infection in the cord with convalescent serum presents practical difficulties. Intravenous and intraspinal injections do not carry the serum in sufficient quantity to the tissues involved. Intravenous hypertonic solutions given in conjunction with convalescent serum intraspinally have given favorable results. Repeated injections are dangerous. This treatment is still in the experimental stage. A method of attacking the disease with hyperimmune artificial serum, such as is available for diphtheria and a few other

infectious diseases, is greatly to be desired.

#### BEDSIDE CARE

The bed or crib should be smooth and firm with no sagging of the springs. The child is much more comfortable without pillows unless he is suffering from the respiratory type, in which case he should be propped up on pillows. A soft mat or mattress pad over a good mattress with stiff springs makes a comfortable bed. The weight of bedclothing upon the toes is very uncomfortable and increases the tendency to deformities. Cradles should be placed over the feet. Woolen bed gowns, stockings and a soft woolen blanket tucked over the child are light in weight and comfortable. Hot water bottles or electric pads may be used to keep the paralyzed limbs warm.

#### IMMOBILIZATION

The child is much more comfortable if the paralyzed members are held in their normal position. Soft blankets rolled tightly around broom sticks, placed against the soles of the feet and held in position by bandages attached to the upper end of the bedstead, prevent the feet from assuming abnormal positions. Tight blanket rolls fixed against the paralyzed leg add to the patient's comfort during the acute stage when motion is painful. Movable splints of various sorts may be applied to the legs or arms during the sub-acute stage, as desired. During the acute stage the patient should not be moved about more than is necessary for his comfort, as motion often causes intense pain. For this reason, also, flexion of the head, neck, back and limbs should be carefully avoided. The diaper should never be

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drawn up between the thighs. It should be folded in the center in a rectangle, slipped under the buttocks, wrapped about the legs and pinned from the waist to the knees. By keeping the limbs straight and in normal position, deformities are less likely to develop.

As long as there is muscular soreness or tenderness the patient should be kept at rest. Very great damage may be done and permanent loss of function sustained by over-exercise. By keeping the patient quiet, the damaged cord has the best possible chance to repair the injury done by the infection. The prevention of muscular atrophy by the use of massage, electricity and other measures is a dangerous procedure at this time. Even after all soreness disappears, fatigue should be carefully avoided.

#### DECUBITUS

During the acute stage great care must be exercised in order to prevent bed sores from developing on the back of the head, ears, back, heels, elbows, palms of the hands, or any surface exposed to pressure. Very gentle massage, alcohol rubs, or oily inunctions following baths are helpful. Pressure sores interfere seriously with the proper care of the patient and must be prevented by constant care.

#### FOOD

Careful feeding is highly important. Milk and nutritious liquid diet are given during the febrile period and as acute symptoms subside, well-cooked cereals, vegetables and fruits are added. Nourishing food is required for the building up of the resisting power and for the repair of the injured tissues following this destructive disease.

#### WATER

A large quantity of pure water is needed as in all infectious diseases. Water dilutes the toxins, flushes the kidneys and supplies the tissues with essential elements for their growth.

#### ELIMINATION

Elimination is exceedingly important. Retention of urine and constipation due to weakness or paralysis of certain muscles may be very serious. By pushing water, these troublesome conditions may be mitigated. Retention of urine is sometimes relieved by placing the child in a warm bath. Relaxation often induces urination. Constipation is the rule and fecal impaction is not uncommon. Daily enemas are usually given. Oil enemas followed in a few hours by soapsuds enemas are often ordered. Mineral oil, cascara, etc., are sometimes given routinely. The nurse should watch and report the condition of the stools very carefully and accurately.

#### BATHS

Warm baths play a very important part in the comfort and well-being of these patients. The paralyzed limbs have a marked tendency to become cold and clammy. The warm bath stimulates the capillary blood supply. It relieves pain and spastic conditions and induces rest and sleep. The patient is often freer from pain while in a warm hammock bath than at any other time. He may be placed in the water at a temperature of 98 degrees to 100 degrees for thirty or forty minutes, morning and evening. The skin should be carefully dried and powdered, gently turning the body from side to side, avoiding flexion of the head, back and

limbs when lifting or moving. He should be carried in a horizontal position to and from the bath.

With the appearance of any deformity, plaster-of-paris casts are often applied. Before putting the limb into a cast, a prolonged warm bath aids in the relaxation of the muscles and the child experiences less pain if stretching and manipulation are necessary.

With the beginning of convalescence and after all soreness disappears, the child may have celluloid toys in the tub, which often stimulate play. He usually exercises his weakened muscles more when in the warm water than at any other time.

#### PREVENTION OF DEFORMITIES

By keeping the limbs in normal position, early deformities may be prevented. Casts, splints, braces, corsets and various appliances should be used as indicated whenever there is apparent evidence of a tendency to deformity. When the limb is held in the proper position and the nerves controlling some of its muscles are alive and growing, a great deal may be accomplished by patient persistent intelligent effort over a long period of time.

#### SYMPATHETIC CARE

Many of these children are absolutely helpless. They often depend upon others for every mouthful of food, every movement of the helpless limbs, every change of position. Many of them suf-

fer torture. They scream when about to be moved, in dread of more acute pain which follows various movements. Gentle handling, avoiding flexion, a sympathetic attitude, stimulation of childish interests by stories and play while feeding and caring for these little victims—all play an important part in good nursing care during the acute stage of this dreaded disease.

#### THE NURSE'S SPIRIT IN ACTION

One summer day I was sitting down in the hospital yard in my majestic wheel chair. Jane Splane, a student nurse who formerly had attended me, but had been transferred to another part of the building, passed by. She stopped to speak and I chided her for not having been in to see me.

"Oh, I wouldn't dare to come in to see you \* \* \* she told me. "All of the patients have been running temperatures of one hundred and three, but," and she added it exultantly, "by constant sponging and good care we have reduced them considerably."

When the girl had gone, I sat and pondered. A few days later I was again in the yard. There were several nurses around me and we were chatting about whether skirts should be long or short that season and whether locks should be braided or bobbed, when Miss Splane again appeared. With all the abandon of a woodland elf, she threw her arms into the air, stood pivoted on tiptoe, the smile of the conqueror on her face, and exclaimed triumphantly:

"My worst patient is down to ninety-eight! And I am so happy!"

I was deeply moved by that little gingham-gowned, white-capped nurse, who had fought and had helped others to fight and conquer—death. It took me three years to see the nurse's spirit in action. But it was worth the wait.—NELLIE REVELL, in *Right Off the Chest*.

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SAN CARLOS HOME

## THE NURSING SERVICE OF THE INDIAN BUREAU

BY ELINOR D. GREGG, R.N.

EVER SINCE the Government undertook the responsibility of caring for the welfare of the Indian, medical service has been a part of that responsibility. But it was only recently, in the year 1909, that a medical division was permanently established in the Indian Bureau. In the earliest times the only care that was acceptable to the Indian was the care of surgical emergencies; even this was only occasional. The medical officer of the Army Post was called upon to set fractures and to dress wounds or perhaps, now and then, he was asked for quinine. From these early beginnings has grown the medical division of the Indian Service.

For many years the Indian clung to his own medical beliefs. These beliefs had elements of religion or magic involved with the use of herbs, massage

and other manipulations, fetishes, rattles and drums. Traces, and sometimes more than traces, of these beliefs still are found today mingled and often confused with better practices learned from schools and from white neighbors. In spite of discouragements, the doctors and nurses have stood ready to give the needed service. At times, in epidemics, strict measures have been necessary, but the real advance has been accomplished slowly through persuasion and education. With the growth of the Indians' receptivity in medical matters, hospitals have developed and a nursing service has followed in their train.

As among white people, so among Indians, most of the sickness was and still is cared for in the home. The tepee, the hogan, the wickiup, the adobe and the log house have been the scene of much patient suffering and often of

tragic death. This has been a difficult and discouraging factor for doctors and nurses. The present growth and development of the Indian's desire for hospital service is the fruition of years of patient education.

There are now thirty-four general hospitals, thirty-seven school hospitals, three sanatorium schools, seven sanatoria and one asylum for the insane.



PAPAGO HOME LIFE

The general hospitals are for the care of adults and children who live at home. There is the usual variety of medical, surgical and obstetric work. There is apt to be considerable eye disease, due to exposure to wind, sand storms, and unguarded infection. The work resembles that of the smaller hospitals in white communities, though some adjustments to the Indians' prejudices are often necessary. The sanatoria care for tuberculosis cases; they may be for both adults and children. The children get a few hours of school, if they are able to study.

At the boarding schools, a nurse is employed for the care of sick children in the infirmary and for minor treatments in the dispensary. The size of these school hospitals varies with the size of the school. The children's experience in the school hospital contributes greatly to their appreciation

and acceptance of the white man's medicine. At the sanatorium school, incipient cases of tuberculosis are given part-time school with a careful regime of diet and rest. The school hospital offers to a nurse especially interested in children many interesting and valuable experiences.

The latest development in the health program is the appointment of public health nurses to carry health education and better nursing care into the homes. In this field nursing, as we call it, the opportunities for service to the Indian are many and varied. Correlated with the health work in the homes, is the health work in the schools. This program of health education in the schools is new and needs the understanding support of both doctors and nurses to make it a success.

In all medical work perhaps the most important factor is the receptivity of the particular tribe of Indians. With persistent friendly visiting in the homes, public health nurses have gained the Indians' confidence. One nurse recorded fifty visits before she gained the mother's coöperation. Once gained, however, much was accomplished. Infant and pre-school hygiene, tuberculosis and trachoma follow-up work are the main problems. Sometimes the right approach is through school nursing, in the public or reservation day schools. Those whom the children like, the parents accept more readily. Sometimes months of friendly visiting will be necessary before any active program can be inaugurated. Indians are a conservative people and the nurse finds use for tact, friendliness and infinite patience. She must find a way into the home, make friends with the old women who are



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AN AUTOCRAT OF AN APACHE HOME

often the autocrats of the household, entice the interest and affection of the children, and last but perhaps most important, keep what promises she makes. To an Indian this is a real test of sincerity and one which it is difficult to measure to, even with the best of intentions. Perhaps to nurses this sounds axiomatic, but though the Indian is moved and won by the same things that move and win other people, yet he is slow, more slow and shy to give his confidence than is the average white person.

The different reservations present many different problems. Climate, housing, distribution of population, habits, customs, all contribute to the variety found within the Service. Nursing work and especially public health nursing among the Indians is in the pioneer stage. To develop a program of infant welfare in the homes is not an easy task, but it is one which is well repaid by the shining eyes of healthy babies, the love and pride of the par-

ents in their children, and by the lower death rate each succeeding year.

As compared with the other Government nursing services, the personnel of the Indian Service is not large. Perhaps it has been obscured by the many opportunities for nurses in the well settled parts of the country. With the recent development of interest in the rural fields of nursing work, the Indian Service comes to the fore. It offers scope to those whose sense of adventure in pioneer nursing fields tempts them to have a hand in the saving and upbuilding of our native American race.

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In the end, the chief weapons of internationalism are books, not cannon; exchange professorships, not poison gas; commercial coöperation and rationing of world resources, not cut-throat competition; business, not bullets. But this ideal will come about neither through a world state, nor a sudden baptism of brotherly love, but through a national education of man's present psychology and the direction to more intelligent ends of those agencies and institutions of national life which alone will express human nature and give it its natural satisfaction.—  
"New Decalogue of Science," WIGGAM.



THE NEED FOR PLAY<sup>1</sup>

BY ALLAN HOBEN, PH.D.

I FEEL THAT I have been located on the right part of the program, the part which is not professional, from your point of view, and which is dedicated to weariness, and even to rest. You have, no doubt, had a great deal of experience with anesthetics and are familiar with their use. You perhaps are not quite so well aware that I have often accomplished the same result myself, and that I have seriously thought at times of renting my services to the hospitals, when I have observed the effect upon my audience. I don't know whether that particular method has ever been given a fair trial.

With regard to the gracious introduction, I wish to say by way of a slight correction, that it is true that I am from Kalamazoo, it is true that we have a very large insane asylum at Kalamazoo, it is true that there is located there a remarkably good normal school for teachers. The only mistake is that I am not connected at present with either of these institutions. And while I realize that I might profit in either one of them, and have a quiet and inexpensive retreat in one of them, nevertheless I am connected with a little, old college that is over 92 years of age, Kalamazoo College.

That word, "Kalamazoo," is interesting. People smile at the name of my town, there is something so over-euphonious about it, but the Greek words from which it is made mean, Beautiful Mother of Life.

<sup>1</sup>An address to the National League of Nursing Education, Minneapolis, Minnesota, May 27, 1925.

I am going to talk to you about play. We hear it said frequently that when we work we do what we have to, and when we play we do all we can. It is from that point of view that play has wonderfully creative values. I am inclined to think that the best service rendered in every field of human activity is to be classified under play in this sense,—that people do not proceed in flat-footed, sober fashion and on a *quid pro quo* basis to accomplish anything that is particularly creative or beyond the margin of the commonplace; that work lies almost wholly within the realm of the commonplace; and that play is usually a projection in some field of human interest beyond the commonplace, often beyond the expected.

## PLAY DEFINED

Play, biologically defined, is the random explosion of surplus energy in the nerve cells. The babe kicks about in awkward fashion and continues with his random motions until they are organized into a pleasurable series, through physical avenues and finally into a system of recreation, individual and collective.

Play has also been defined as the recapitulation of our former standard activities. By former, I mean this: What this organism has done, during the time that Mr. Bryan grants it has been on earth, has constituted the organism, its status. Its mechanism is made up of the activities that it has performed, and we have an abridged history of the race in the organism itself.

So one definition of play is simply:

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Play is doing over again the standard activities by which we have built up this organism, because they are standard and are suited to the mechanism itself. Another definition, by Carl Groos, who wrote a book on the play of men and one on the play of animals is, in effect, that play is the preliminary rehearsal that nature gives us in preparation for the sober duties of life. It is the spontaneous training for later responsibility and for serious work that has social value.

Now you can readily see that the finest things of life are to be found in the field of play. The very way we use the term suggests that we *play* the piano, we play with sound and have music. Some of us do, as has been so well illustrated here this evening. We play with form, and have sculpture and architecture. That is not work; that is play. We believe that every form of occupation which carries its own reward with it is play. Wherever you have an activity that is self-rewarding, that is play.

Let me give you, if I may, three other definitions: Work is any form of activity undertaken with expectation of reward. Drudgery is any form of activity undertaken by necessity and without hope of reward. Play is any form of activity undertaken for its own sake.

Consequently, it always has greater possibilities than these other two,—work and drudgery. As I was saying, we play with sound and we have music, we play with form and we have sculpture and architecture, we play with color and have painting,—I refer to its use on canvas. We play with ideas and have philosophy. No one attacks philosophy in serious work-a-day fashion,—it

is sort of a play. Philosophy invites the mind that wishes to make adventure to do some chartings, as all the adventurers and explorers, all the people who like risks, have done since the world began. So philosophy is in the field of play, and ideas expressed in literary form, that is, in letters and poetry,—there we have the whole wonderful field of literature. And I have understood recently in visiting some hospitals, particularly the rehabilitation hospital at Camp Custer, that occupation without heavy purpose burdening it, inconsequential and pleasant activity, is regarded as fundamental to recovery. The discovery of this curative is in the field of play, not in that of drudgery or work.

#### THE RHYTHM OF LIFE

Now, for those engaged in struggling with peevish and more or less incapacitated persons, there must be something to be said for this form of medicine that I am advocating tonight, this tonic. Take the first thing that I wish to suggest in serious fashion, and that is this, that life moves in rhythmic fashion. I think you would all agree with me if you could make a graph of life, I mean the life process itself, you would find that it is a series of waves, that it proceeds not in a regular upgrade, evenly, nor horizontally, without undulations, but that it is rhythmic, as you will see in the case of a small infant who, after being well fed is so quickly hungry again,—he is active and needs sleep, tears, laughter, a rhythmic motion, going through.

Now, when you come into youth, you have an accentuation of the rhythmic tendency, and in groups, you have still higher waves, with certain dangers,

because every healthy organism tends to go on a spree of one kind or another,—a spree that bears some relation to depression or repression. I am using strong words, but I use them more or less figuratively. You can see such a storm when a school is let out,—repressed youngsters floundering and clawing in uncoordinated, incoherent, desperate and chaotic fashion. That surplus is with us almost always. Of course, there are those who have greater powers of equanimity and whose governor runs better, so that the energy is discharged more wisely to the driving shaft, and there are others who are more temperamental, like the Irish, who go strong when they are going and fall hard when they fall. As long as there is life, there is this rhythmic tendency and we are never perfectly level until we are dead.

#### COORDINATING VALUE OF PLAY

The second point is this, that by means of play we build up neuromuscular coordination, harmony within the individual, securing the obedient body, the body which can carry out beautifully and efficiently in all its parts the order of the will. We are coming to understand increasingly that a considerable amount of poor behavior is due to lack of coordination, muscular coordination.

When I was in Detroit, the judge of the court gave into my hands, from time to time, certain boys who were in court for misdemeanors. I remember getting a boy by the name of Lester, who was up for the fourth time. He looked like any other boy, but when Lester went on the gymnasium floor, his legs said one thing, his arms contradicted his legs,

and his body didn't care which won out. I had the pleasure of watching that boy for three years in regular, happy, boyish games, until he had a position on the championship basketball team of his grade in the City of Detroit. That boy's progress corresponded step by step with his self-mastery through physical games.

Now the matter of the "daily dozen" has been mentioned here. The "daily dozen" is not play, ordinarily; it is a fine tribute to your strength of will. But the old day of calisthenics and all that is giving way to the day of play, with coordination and recreation of the mind and the engrossing of the person in an interest other than that which ordinarily occupies and preoccupies the mind.

I think that in all cases, barring a few, those where some actual lesion exists in the nervous system, games are capable of accomplishing a very great deal in the harmony of motion, and that is true in a high degree of rhythmic games and exercises.

#### KEEPING FIT

The third point I should like to mention is this, conservation of what might be called constitutional strength, perhaps nothing more than keeping fit, and possibly improving our inheritance. We should reflect that the inheritance that we have has come to us out of ages of struggle in the open, which struggle has engaged the large muscle masses of the body. It has involved lifting and pushing and pulling and running and digging and chopping,—all those heavy tasks; and we now come into a civilization in which we can escape, if we will, practically all muscular exertion. Surely, if we know anything about living forms

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and their environment, we know it will surely take considerable time for us to make a happy readjustment to a world that requires no muscular effort, where you have electric buttons so readily at hand. And I, for one, think that we do not know for a moment what the result of this kind of civilization that we have concocted will ultimately be. Some of my friends in Chicago tell me that they have made the apartments there so small that the dogs have learned to wag their tails up and down. I do not vouch for the truthfulness of that, but there is a tremendous danger. I know, having worked with delinquent boys in Chicago, that while the dogs may be pretty badly off, the boys are worse off under the restrictions that are placed upon them, and that they are bringing into that situation an inheritance that calls for adjustment.

There is only one form of compensation easily at hand, and that is the game. We must have compensation, compensation for the old, savage age, the hunting age of primitive life, for all that comes up with the candidate for civilization; and sometimes I think there is some compensation when the games stand out, the rugged games, full of expenditure of effort and calculated to engage the muscles.

Coming a little closer, I hope, to what you may all be interested in, there seems to be this fact, that the games teach prompt response to the order of the will. They teach a form of obedience and that brings me nearer to another term that is so much used now, morale. I do not want to leave that out and I might just as well put it in here,—morale.

Now, there are three ingredients in

this form of obedience that comes through the games: first, that you pay attention; next, form a judgment; third, act. What is the situation? What does it mean? What shall I do?

I often think that boys are brought up too delicately. Mother says, "Willie, wouldn't you like to bring in the coal?" and he says, "Naw, don't feel like it." That is the kind you like to get on a basketball team, for example, in uniform, in position of guard,—with all of the gang around. When he sees his opponent about to throw a basket he can't say, "Well, I notice he misses four times out of five and I'll take a chance this time." He can't say, "I don't feel like it." He must be Johnny on the spot; watch like a hawk; form judgments quickly; and he must execute. Now, that is sound, that is thoroughly good education. Observe, decide, act! You may have noticed, that in golf, the first law is to watch the ball; otherwise you leave it undisturbed or slice it, and all that kind of thing. Attention, judgment, action! There, you have it. Prompt response to the order of the will, actuated, of course, by judgment.

The other virtue I wish to stress is this, not only prompt response, but totality of response, abandon, letting yourself go, being a whole person to one thing at a time, not a divided personality, forever tentative in situations that call for all you have.

Up in Maine, years ago when I was a boy there, a certain crowd would go swimming very early in the season before the snow had melted from under the pine trees. There would be two types that would go along. First, those that were eager and thoroughly committed to

the idea that the time had surely come for a swim, and then others who went along because it seemed to be a popular movement and could not be easily avoided. The former type would undress with incredible speed, there being usually only two garments, and go into the water heels over head. The second type would undress with great circumspection, and then go down and feel the water and say, "Oh, Gee! it's cold," and then go back to sit on the bank and call out to those sputtering in the water, "Is it cold?" "No, it's fine, come on in." We never took a thermometer, because these expeditions were ordinarily not organized or sanctioned by our mothers. This whole matter of heat and cold, I understand, is relative, purely relative. I understand there is no such thing as heat and there is no such thing as cold, and we believed it in those days. I think what resulted was this, that no matter what the temperature of that water, to a certain group it was thoroughly satisfactory. We made the right equation; that is all you have to do. Everything is relative.

The attitude of abandon developed in games makes you a person who is much more likely to strike out a satisfactory equation in any situation, in a situation that might be calculated to dampen the usual ardor.

I doubt not that most of the persons who go into nursing, for example, are somewhat more enthusiastic on the train while going to the institution than they are after three or four, or even six months. Things are not wholly bad, not wholly evil. The situation is not rigid; it is not concrete; it is not wholly congealed. All is process. Is not that so? All is process. There comes into

the process at this point or that, a factor of significance, the human will to battle as a factor in the process. The question is, how much has that personality to give and does that personality, properly trained and equipped for that kind of service, meet what he has to meet in the situation? If he does, he has the athletic attitude towards the situation.

#### SPORTSMANSHIP

Then there is the building of the sporting spirit, or sportmanship. Surely, those who engage in the great fundamental struggle, who engage as you do and those whom you train in the great game between the forces of dissolution and the forces that maintain life, you need to be—will you let me say it? You ought to be downright sports,—dead sports. You know what I mean. How often you have seen it in the games, especially the big strenuous games, football, in great track meets. You know there is a spirit and a kind of training that stands for the delivery of your best, even when you are being beaten, that goes back to your utmost resources, that tests your finest possibilities of courage and courtesy in trying circumstances.

Sportmanship lies also in recognizing the referees and the umpires and the laws of the game, the interests of all concerned, the public, the patient, the physician, the relatives. It is no easy thing, in my judgment, to impute, always, the better motives. That is sportmanship. It is told of Mr. Roosevelt at Harvard, when he was engaged in a boxing bout, that after the gong had sounded, his opponent struck him a smashing blow in the face. The boys stood around calling out for some kind of vengeance, and Teddy said, "Never

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mind, gentlemen, he did not hear the gong." Now, that is top notch.

I heard of a fellow countryman of ours who was sitting at breakfast in London in a drizzling rain on a gloomy morning, trying to drink the coffee the good landlady had prepared. The cheery lady came in and with that lovely, rising inflection peculiar to the English, said, "It looks like rain?" He said, "Oh, yes, but it tastes a little like coffee." I don't know that that illustrates entirely what I want to illustrate, but it is that kind of a spirit. It is the thing one has met time and time again. Those of you who were in France met it among our own dough-boys, and there was nothing, perhaps, that saved more men in the army from utter dejection and from mental despair, than that little turn of the mind that gave a quip, somewhat humorous and a positive construction. It is a wonderful asset, and I dare say that in the grim realities with which we all struggle, and the various personalities which are capable of great study, but not of solution, that that same thing is always valuable. That is learned in the games.

#### TEAMWORK

Then there is teamwork. I noticed when I had nine boys to form a baseball team, I always had nine boys who expected to pitch. Then I would get, perhaps, two boys who could pitch almost equally well, John and Will. Then I would say to John, "Now, you are a pretty good little pitcher, but last Saturday when they were calling you names from the side lines you went to pieces. We will put Will in the box next Saturday for the glory of the school, and you are a good little out-

fielder and you are going out to right field." Well, he has been lying awake nights imagining the glory of pitching that game. Now, he has to decide whether he will go out to right field, where there isn't anything doing for twenty minutes at a time, and yield the position of prominence and glory to Will,—a personal competitor. Well, if you have uniforms, he will stick and he will go out to right field. Uniforms help, don't they, anyway? Oh, yes, you must have that thing I was talking about, morale—notice the brass buttons and stripes on the conductors and the policemen. All of that is good psychology, perfectly proper, but I am not trying to give you a lecture on that, that is another story,—the psychology of dress.

Out there at right field, that boy, John, you leave him there, the game proceeds, and by and by as the game warms up, you will hear them calling out to their pitcher, telling him what a great fellow he is, and by and by John, who is out there at right field, joins in the general cry of praise of their great pitcher,—“Attaboy, Billy, put them right over the plate, we're all wid you; attaboy!” There is a great victory. He has merged himself into a group. That is pretty fine. Team work, correlation, that ability to give service needed at the point where it is needed, without a whimper; the recognition and the glad recognition of all the other members of the team engaged at the point necessary, the whole staff, with no attempt to play a star game at all, but to render the best results. That is team work, sportsmanship.

#### LOYALTY

Loyalty is the center of this team work. There are those who mean by

loyalty, undifferentiated altruism, just pure good will to everybody in every way. I think that would be lovely, but I don't expect to live to see it. As a matter of fact, the way ethical relations develop is in terms of loyalty, within succeeding groups. First, we have the biological group, the family. A relationship having been made of loyalty within that, the lessons are learned, right attitudes that can never be forgotten.

Judge Lindsey tells a story of this relationship, in the recovery of delinquent boys. He says that whereas under the former system they lost scores of boys on the way from the court at Denver to the Industrial School at Golden, when the boys had been committed to the care of policemen; when he changed the method, on the basis of mutual honor between the boy and himself, out of 507 boys sent he lost only 7. With the exception of the 7, all went of their own accord, from the court to the reformatory.

He tells a story about one of these boys, George, who was arrested and placed in the detention home, that is, the jail, separate, of course, from the criminals. At midnight George became hysterical because it was a new experience and he was tremendously lonely and he was crying bitterly and demanding to see the judge. Whereupon the judge got up and went down to see George. George put up a great plea to be let off. Judge Lindsey said that if he let him off, or let off boys who did that kind of thing George had done, the people would get another judge in his place, because he had to do what was right. Finally the judge turned to go and George clasped him about the knees

and said, "Judge, if you will give me one other chance I will never get you into trouble again." The judge thought that was the right attitude, and it was. Later on, after George had come through all right, George's mother said to him, "How is it that the judge made you go straight when neither me nor the police could do it?" and George said, "Well, ma, you see it is this way; if I go bad again, the judge he'll lose his job. I got to stay wid him because he stuck by me."

There are those latent resources and they are found very largely in the organized games.

#### PROFESSIONAL STIGMATA

I think we should avoid the stigmata of our professions. You know every profession has its marks after a time. I would not say that I could pick out the people of the various professions on the street, yet lawyers come to look and act in a certain way after a while.

I am sure that teachers do, and it may be that nurses do. One of the best things about play, after all, is to exercise all the joints of the body so that you don't really ossify into any one particular form. So that at times, and in the right place, and among yourselves in the gymnasium, or the playroom (I hope you have something like that in connection with these schools and places where you serve), you can be rollickingly foolish. For that is the kind of recreation and relief and compensation that you need. Then you can get back into uniforms in sober fashion with precision to begin your work, and with professional authority to play the great game of Life against Death.

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## HYDROTHERAPY

BY VIRGINIA H. DRYDEN, R.N.

**W**ATER is without doubt the most ancient of all medical agents for treating disease. This fact is made evident by the frequent reference to its use in the earliest medical literature. Water owes its value as a therapeutic agent chiefly to its three wonderful properties:

1. Its great power for absorbing and communicating heat. (Water absorbs more heat for given weight than any other substance, hence it is taken as a standard of specific weight.)

2. Its solvent properties.

3. The facility with which its physical state may be changed from a solid to a liquid or a gaseous form. These properties give it the most perfect adaptability to the various forms of application which are required in hydrotherapy.

Water is used internally as well as externally for therapeutic purposes. To use it intelligently, one must have a good understanding of the physiology of the skin, nervous system, and the circulation. One realizes in the application of water to the skin that the nervous function of the skin makes it a most important organ, since it transmits the various impressions or sensations which it is capable of receiving to the nerve centers, and through these, affects every function of the body.

### THE SKIN AS A REGULATOR OF THE BODY TEMPERATURE

The skin is beautifully adapted for the regulation of the body heat on account of:

1. The temperature sense, which is located in the skin.

2. Its intimate nervous relation to the thermogenic (or heat producing) and vasomotors (or circulation regulation) centers.

3. Its rich blood supply and the readiness with which it can increase or decrease blood supply.

4. Its eliminative functions, particularly perspiration, which it can so readily increase, thereby increasing to a corresponding measure the loss of body heat.

The skin plays a very important part in defending the body, acting as a non-conductor and a regulator of the body temperature; nearly nine-tenths of the daily heat loss occurs from the skin, and one-seventh of this total loss is due to evaporation. By active dilation of the surface vessels a larger surface is exposed to the cooling influences that act upon the skin. By increased rate of heart beat the complete exchange of blood between these centers and the surface blood vessels takes place more frequently, thereby the blood is more rapidly cooled.

### PHYSIOLOGICAL EFFECTS OF COLD

*First effect of cold.* Cold is a vital depressant. When a cold application is made to the body in any form, the first effect is that of lessening the activities. If the application is long continued, this vital depression continues. The longer the application, the longer the depression, but sooner or later the parts will return to their normal condition.

*The second or reactionary effect of cold is tonic, stimulating.* This is due to the ability of the body to respond in a protective way. The physiological effect or reaction is wholly due to the ability of the body to respond normally.

### PHYSIOLOGICAL EFFECT OF HEAT

*First effect of heat.* Heat is primarily an excitant. It is one of the most powerful of all vital stimulants. It increases vital activity, elevates the temperature, and excites the nervous system.

*Second effect of heat.* Heat is a depressant;

the temperature is lowered; heat production is lessened, and heat elimination is increased.

In the study of the therapeutic effects of hydiatic applications, one must clearly bear in mind the fundamental causes to which these effects are due, as water has no curative power or energy of any kind which it can convey directly to the body, but is wonderfully adapted as an agent to modify any or all of the vital activities in three distinct directions.

*First:* To awaken, stir up, or increase function.

*Second:* To calm, depress, or decrease function.

*Third:* To protect against or assist in the removal from the body of disturbing agents.

One of two therapeutic effects is desired in any case, either to excite or depress vital activities. Therefore, effects are divided into two distinct classes:

*First:* Excitant effect, to encourage and restore vital activities.

*Second:* Sedative effect, to check or subdue vital activities.

It is the object of this paper to give a few of the simpler treatments which may be given in the home without much difficulty or inconvenience. The fact that these are classed as simple treatments does not lessen their value as hydiatic measures, because through these one may obtain wonderful results when properly applied.

#### FOOT BATH

The foot bath is one of the useful measures in hydrotherapy. Its chief use is as a preliminary or adjunct to other treatments. It may be given with the patient lying or sitting. A large pail may be used, if a foot tub is not available. If given in bed,—the bed and bedding should be protected.

The water should come to the patient's ankles. The temperature, to begin, should be about 102 degrees; gradually increased until as hot as can be borne by the patient; duration five minutes to one-half hour or more. Finish the bath usually with a dash of cold water over the feet. Dry thoroughly.

The effect produced by a hot foot bath is principally derivative. The hot bath is an excellent means of balancing the circulation by dilating the blood vessels of the feet, thus relieving congestion in other parts of the body.

#### FOMENTATIONS

Prepare four to six fomentation cloths, 30 inches by 36 inches. These are best made from a woolen and cotton mixture, as all-woolen material shrinks. (Fig. 1).

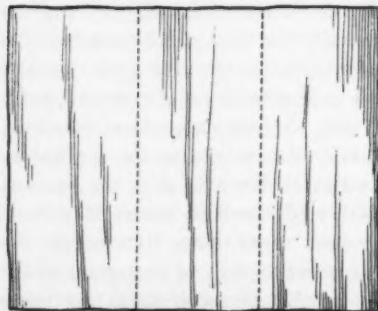


FIG. 1.—THE FOMENTATION CLOTH. FOLD ON DOTTED LINE

*Method of Wringing.* Fold one fomentation into thirds. With an end in each hand, slightly twist. Dip into boiling water all but what is in the hands. Then wring by twisting and pulling ends in the opposite direction. Continue this until all water is wrung from the fomentation. Release one end, quickly untwist, and wrap in a dry

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FIG. 1

fomentation cloth, placing the wet in the middle of the dry. Then fold the dry ends over. The fomentation is now ready to be applied to any part of the body. (Figs. II, III, IV, V.)

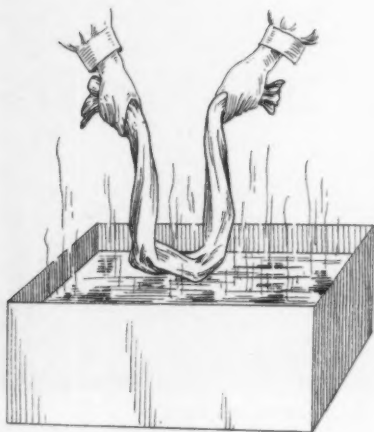


FIG. II—TANK OF BOILING WATER. DIP IN TANK



FIG. III—WRING

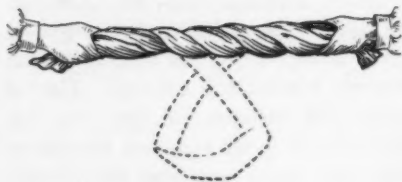


FIG. IV



FIG. V.—HOT FOMENTATION FOLDED INTO DRY ONE AND READY TO BE APPLIED

*Procedure.* The fomentation should lie in close contact with the skin, and should be removed as soon as it is the least cooled, or in about three minutes. It is then replaced by a hot one. Any number may be applied to a part, usually three applications are sufficient. Care should be taken not to burn the patient. This may be prevented by slipping the hand under the fomentations. At the end of the treatment, cold should follow, except in cases of menstruation, acute pain, or lowered vitality of the patient. The cold is applied, as a rule, in the form of ice rubbed over the surface heated by the fomentation and quickly dried, or a cold compress, wrung from ice water, may be used instead of ice.

The fomentation is a powerful excitant, stimulating tissue; actively quickening the circulation. Its principal effect is derivative. It is used to relieve pain. It is best to precede fomentation with a foot bath, or better still, to continue the foot bath throughout the application, as it equalizes the circulation. Linen compresses wrung from ice water, and frequently changed



to face and neck have their value. Cold compresses to the face contract the branches of the external carotids. The

just before retiring. When the bath is completed, the patient is removed carefully from the tub, dried, and placed in

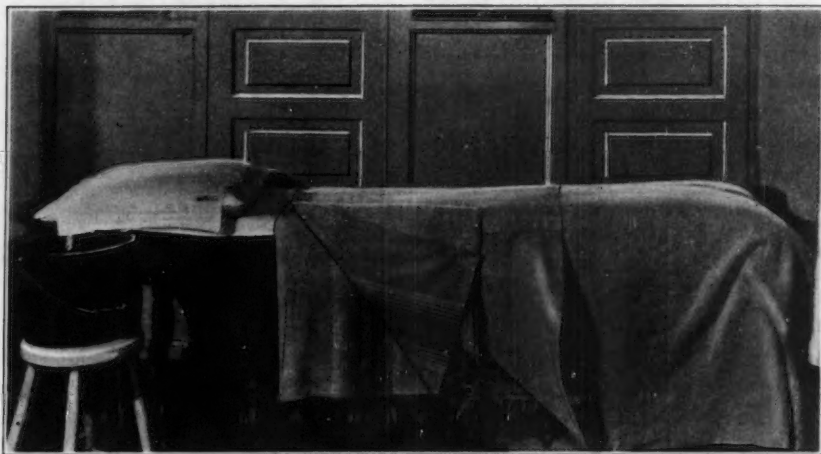


FIG. I.—SHOWING ARRANGEMENT OF BLANKETS FOR PACK

one around the neck contracts the large carotids, thus preventing congestive headache.

#### NEUTRAL BATH

This is a full immersion bath, temperature 92 degrees to 97 degrees, depending on the condition of the patient. Duration ten minutes to one hour or longer, usually about thirty minutes.

The water is drawn in the tub to well cover the patient's shoulders. The patient is made comfortable while in the tub by the addition of a back rest and an air pillow. The good effect of this bath depends entirely on the careful adjustment of the temperature. The neutral bath is most purely sedative. It diminishes pulse rate, furnishes water to the system, greatly increases the urine, and lowers temperature. For a sedative effect, the bath is best given

bed, avoiding all physical effort, so as not to lose the effect of bath. Wonderful results are obtained from this bath in cases of insomnia and nervousness.

#### HIP AND LEG PACK

Should include the feet, legs, thighs, and pelvis, reaching slightly above the waist line.

*Procedure.* One double blanket on the bed, two spine bags, filled with hot water, placed along the sides of the legs half way above the knees, then another double blanket, then a single blanket wrung from boiling water and placed upon the dry blanket, then a dry single blanket covering the wet blanket. (Fig. I). The patient is then instructed to lie down. Cover her quickly so that the wet blanket will not cool. Place a spine bag between the legs, one hot water bottle to the abdomen, and one to the feet; finish wrapping the patient.

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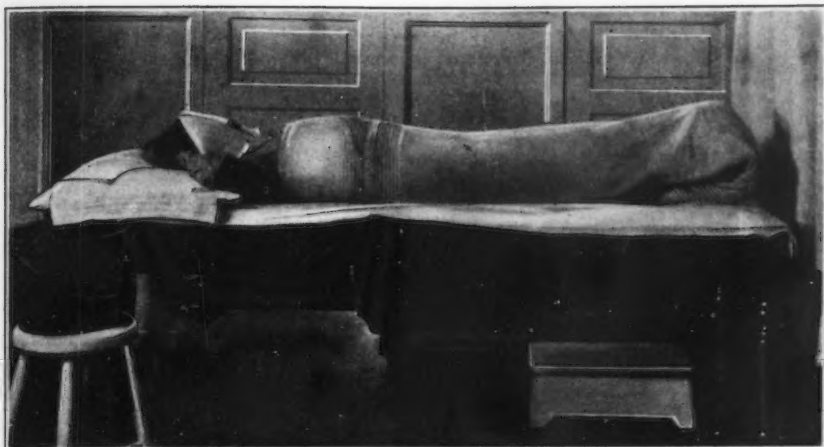


FIG. II.—PACK COMPLETED—PATIENT AND COLD COMPRESS TO HEAD

Preceding this treatment, the patient should have a hot foot bath. In removing the patient from the pack, it is best to give a cool sponge. A cool compress either to the head or the throat is of value. (Fig. II).

*Effect.* The hip and leg pack is one of the most efficient derivative measures used in hydrotherapy, especially useful in drawing the blood from congested parts of the body.

The above description of water treatment is written, not as a theory, but

from actual practice covering many years. As has been said, water is nature's remedy and is a preventive of sickness as well as an aid to healing; but like most of nature's gifts, the application of water as a remedial agent must be directed intelligently to obtain the best results.

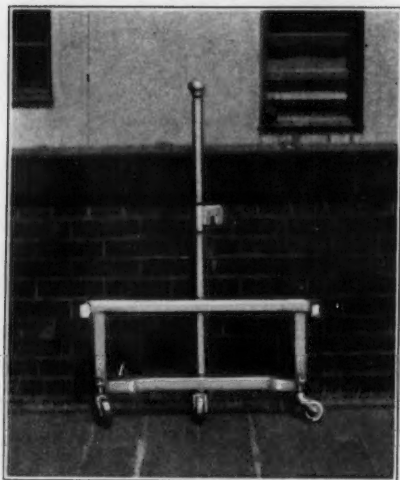
*Note.*—The writer is indebted to Dr. Paul Roth for his scientific help, to Katherine Cole for pen sketches, to Dr. J. H. Kellogg's book on Hydrotherapy and to a printed lecture of Dr. Paul Roth on Practical Hydrotherapy, for quotations.

#### FINLAND: COURSE IN PUBLIC HEALTH NURSING

In the course of their work of organizing child welfare work and school nursing in Finland, General Mannerheim's League for Child Welfare realized the need for special training for the Public Health Nurses. The first six months' course has been arranged by the League for Child Welfare in coöperation with two organizations for fighting tuberculosis, and began work in September. Twelve qualified nurses are attending the course, which consists of lectures and a large amount of practical work in child welfare and tuberculosis centers, in connection with hospitals with district nursing, school nursing and other suitable agencies. The lectures are given by specialists and in addition to public health work cover much of the ground of general social work. The nurses after completing the course are sent to various localities asking for social workers.

## A PRACTICAL BED ROLLER

BY MARIE BAURLE, R.N.

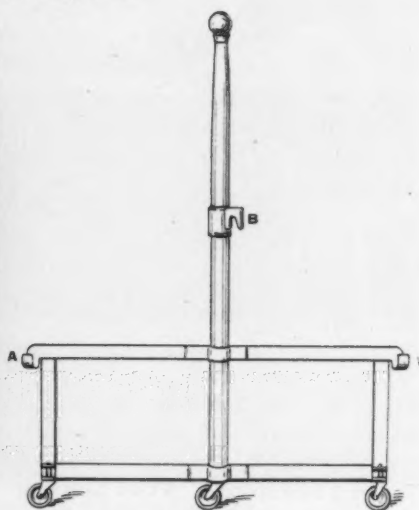


**T**O FACILITATE the moving of beds without castors, these bed rollers were made in the brace shop of the New York Orthopaedic Dispensary and Hospital for use in the wards. They are used in pairs, exactly alike, one for the top of the bed and one for the bottom. When adjusted, the bed may be rolled anywhere easily. They are made of cast-iron. The castors are the most expensive item.

### METHOD OF ADJUSTING BED ROLLERS

Either the top or the bottom roller may be adjusted first. One roller is run a little bit under the bed in a slanting position, then slowly straightened up so that the lowest horizontal bar of the bed rests across A A.

B slides up and down the vertical bar of the roller and is then made to drop over the horizontal bar of the bed that is on a level with the mattress. Adjust



the other roller in the same way. The bed will then be lifted off the floor, the weight being now on the castors of the rollers.

A small sized bed roller was made for the cribs.



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## PRIVATE DUTY DISCUSSED AT CHICAGO

TWO QUESTIONS which are always on the firing line of our professional discussions were faced recently by a group of private duty nurses from First District, Illinois Association, with interesting results. The Private Duty Nurses' Section of First District chose as subjects for its April meeting the queries: "What Constitutes Good Nursing Care from the Point of View of the Patient and the Nurse?" and "What Is the Status of Twelve-Hour Duty Today?"

What constitutes good nursing care from the point of view of the nurse is a question about which most of us feel informed, but our opportunities for a frank statement of what is considered good care by a patient are decidedly more limited. Hence the straightforward statements of Mrs. Rex MacKenzie, who presented this side of the question, provoke much interest.

### I

#### AS A PATIENT SEES IT

"I speak on this subject," prefaced Mrs. MacKenzie, "only from the point of view of a person of moderate means, with a small house, a small family and one maid, perhaps with a laundress once a week. From this point of view, I would make a few points concerning the nurse's personal conduct, and touch upon one or two larger problems.

"None of the points regarding the nurse's personal conduct seems by itself important; yet, taken together, over a period of weeks, it seems to be just these things which give a patient peace of mind or worry. First, there is the attitude of the nurse toward the chil-

dren in the home. I put this first, deliberately, because it is of the utmost importance to the patient that the children be kept in trim, emotionally. Otherwise the static is too marked and the patient suffers. Even if winning the good will of the children entails a sacrifice of time in noticing them and, on occasion, playing with them, I believe it is worth while.

"Next in importance is the attitude of the nurse toward the servant in the house. Before the advent of the nurse, the maid was the boss of the kitchen, a thing of considerable pride to her. Consequently, if the nurse assumes an authoritative air and gives orders to the servant, a clash will occur which will, metaphorically, shake the house. If, on the other hand, the nurse gets the necessary results by persuasion and 'blarney,' all is serene.

"Third, but still important, is the way the nurse views the food problem. In the matter of the patient's food the nurse is, of course, fully justified in as much extravagance as the health of the patient requires, but in her own food, it seems to me, she should be content with the family fare. And in the preparation of the patient's food, she should try to interfere with the routine of the maid as little as possible. Care in conforming to the family customs, in all respects possible, seems to me to promote tranquillity and to give the patient the sense of efficient nursing as much as any one point."

Mrs. MacKenzie declared her position on the very difficult questions of the extent to which the nurse should use her judgment in time of crisis and the extent

to which she should confine herself to her professional duties as follows:

"If the patient needs constant attention, it is, of course, not only proper, but absolutely necessary, for the nurse to devote all her time to the patient. But in many cases the patient takes only part of her time, and instead of sitting around or reading during all of her leisure, I can see no reason why the nurse cannot help in a few of the family duties,—a few little services to the children, a little sewing, a little housework. I mean by this just a little family coöperation. Furthermore, in the family where the cost of a maid is clearly beyond their means, I can see no servility, but rather an idealistic service, in the graduate nurse who is willing to go into the stricken household and, with due care to saving so much of her strength as the patient requires, is yet willing to help the young daughter or grandmother in the household tasks."

Although she recognized her remarks as "rank heresy," Mrs. MacKenzie said to this group of nurses: "As a patient, it seems to me that in a crisis you should go ahead and use your own knowledge and apply such remedies as are known to you, whether the doctor has told you to or not!" Needless to say, Mrs. MacKenzie's remarks provoked lively discussion.

## II

### STATUS OF TWELVE-HOUR DUTY

Preparation for consideration of the status of twelve-hour duty had been under way for some time. A questionnaire had been sent by the Private Duty Section to all official registries listed in *The American Journal of Nursing*.

Nineteen questionnaires were sent out and fourteen replies received. The replies were compiled and their very interesting content summarized, as follows:

1. Twelve-hour duty was started in four cities by private duty nurses; in two, by institutional nurses; in three, by institutions; and in two, by private duty nurses and institutions.

2. In six cities they have twelve-hour duty in hospitals only; in four, they have it in hospitals and homes; while in the other nine, it is optional with certain hospitals, and in homes the nurses and doctor decide as to twelve- or twenty-four-hour service.

3. In four cities, twelve- or twenty-four-hour duty is optional with the hospital; four others have no twenty-four of any sort and the remainder have twenty-four in special cases.

4 and 5. Doctors are generally agreeable to twelve-hour duty, although many objected to it at first.

6. All seemed to think patients would soon grow accustomed to the idea.

7. In all but two cities, superintendents of hospitals and nurses preferred twelve-hour duty.

8. In one hospital, the actual working time for twelve-hour duty was fourteen hours.

In two hospitals for very ill patients, twelve hours, one hour for meals, for day duty; twelve hours, one-half hour for meal, for night duty, making actual hours eleven and eleven and one-half hours plus transportation hours; when caring for convalescent patients, the consent of the patient, relatives, and office must be obtained for one or two hours of necessary sunshine.

In twelve hospitals, twelve-hour duty means eleven and eleven and one-half hours, plus hours in transportation.

9. Fees varied in different localities from \$5 to \$8; but in every locality, obstetric, contagious and mental nursing are allowed more than is regular medical and surgical nursing.

10. In four cities, nurses are called according to their nearness to the hospital and regardless of order on the registry, which

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raises the question: "Can private duty nurses living at a distance from the hospital earn enough to pay their expenses?"

Several cities were small enough to make transportation no problem.

New York transportation often makes twelve-hour duty, fifteen- and sixteen-hour duty.

In two cities, hospitals have accommodations for nurses living at a long distance.

Some have not solved the transportation problem. But few have solved the "sunshine" problem for day duty; Syracuse finds there are more night nurses called for and fewer day nurses; one city finds that nearly all cases are of much shorter duration than formerly.

Where twenty-four hour duty is still practised, nurses have four hours off duty in the afternoon.

## PRIMITIVE TOOTHBRUSHES

By VIRGINIA P. GIBBES, R.N.

IT IS a long, hilly road a-winding down slick, red clay hills through marshy swamps and sand. The three bridges had been almost washed away by the force of the heavy winter storms, but spring is awake down near "Noon-day Creek" and the redbirds and the bluebirds are holding a convention. Soft bright green leaves are bursting and the air is heavy with the perfume of wild honeysuckles and sweet shrubs and it is sweet to be alive in Georgia at this season of the year.

Mattie Durham, the colored Jeanes Fund worker, had asked me to make a visit to "Macedonia," one of our numerous colored schools. I had visited "Galilee," "Mount Bethel," "Zion," and other biblical places with Mattie, but the road to Macedonia was the hardest road to travel. "Valiant," the Ford, had been left a mile back in the protection of a little church while we trudged through sand and swamp and over floating bridges. When we reached the little one-room schoolhouse I could well imagine that I was in Stanley's "Heart of Africa," instead of my own country, it was all so hopelessly crude and the children so inky black. There were no desks, just rough benches and a

funny old stove whose pipe came out over the entrance door. We had a wonderfully good time, though, and I gave a talk on "The Care of the Teeth." On inquiry, I found they all used toothbrushes of black-gum sticks. Their teeth shone like pearls; but I have never been able to decide whether it is the black background that makes their teeth show to a better advantage than my white children's teeth, or whether their teeth have a better quality of enamel.

Anyway, Macedonia did need help, it does need help, and until our great county consolidates her schools, she will still continue to call: "Come over to Macedonia and help us."

### THE PROSANIS LABEL

A small oval label is now to be found on all garments manufactured in workshops which are endorsed by the Board of Sanitary Control as having good conditions for their workers. The purchaser of garments who looks for and demands this label is helping to create a demand for such conditions. Manufacturers and employees join in financing and managing the Board of Sanitary Control. Lillian D. Wald has played a prominent part in its organization.

### DO YOU LIKE BIRTHDAYS?

Then look at page 70 of the advertising section of this magazine and read the plans for the *Journal's* celebration of its twenty-fifth year.

## NEW YORK STATE INSPECTION OF SCHOOLS OUTSIDE THE STATE<sup>1</sup>

BY MARY E. GLADWIN, R.N.

THE LEAGUE program was planned with the hope that Alice Shepard Gilman would be able to present a paper on the New York State inspection of schools which are outside the State of New York. It seemed to many of us that the New York State Board, having carried on this inspection from coast to coast, must have many helpful and valuable suggestions and observations to make to us. When it was discovered that Miss Gilman was unable to come to Minnesota, she was asked to select another New York woman to take her place. For some reason, this request met with refusal and this refusal has had a rather curious result. The subject assigned to me was: "Some Conclusions Relative to the New York State Inspection." The change has left me with conclusions to be given before even the preface has been read. It is like presenting Hamlet, with Hamlet left out or, possibly, it is the Ghost we are omitting in this instance.

Seeking to obtain definite opinions on a subject such as this one, is an informing and an educational process for the investigator and it has been, moreover, rather a chastening experience. When, last year, criticisms and objections began to pour in, the writer said, innocently enough: "Well, let us discuss the matter in the League of Nursing Education, which grew out of the need of superintendents of nurses to

talk over their problems and to compare notes on their respective experiences." The objection was promptly made that a discussion of this subject did not belong to the League, but in a Legislative or Inspectors' round table of the American Nurses' Association. No doubt, it could be considered with advantage in either place, but the topic covers more than the routine work of an inspector and much more than legislative procedures. It is of vital importance to educators in nursing because the criticisms made as the result of these inspections are, supposedly, of our work, and of the places where it is done, the hospitals with which our schools are connected. The inspection has to do not with our finished product, the graduate nurse, but with the basic principles and the whole process of nursing education. If it cannot be profitably and appropriately discussed in the League, then the League has outlived its usefulness.

Another phase of the attempt to obtain written opinions, opinions which might be quoted, is of interest; that is, the very evident reluctance of many of us to put our confessed opinions in writing or to come out in the open with them. Some years ago, the writer attended a meeting in a distant city in which she had once lived. It was felt that nursing affairs had reached a crisis and a well known nurse, a distinguished educator from the East, was invited to make an address. After she had finished, discussion was requested,

<sup>1</sup>Read before the National League of Nursing Education, Minneapolis, Minn., May, 1925.

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may, demanded by the presiding officer. When urging failed, nurses in the audience were called upon by name with practically no result. You would have gathered that there was no dissent from the views of the speaker. At the end of the meeting, the writer went from one group to another, to greet old acquaintances, and was amazed at the little intimate debates going on, and at the outspoken condemnation of some of the observations of the speaker. It was, of course, unfair to the woman who had come a long distance to address them and who was very anxious to be of assistance, but it was unfair most of all to themselves and the nurses they represented. Much of value might have resulted from a free discussion of their honest beliefs. This experience was probably a typical one, similar to many that all of you have had. It is one of the things which hinders our growth as an association. A viewpoint, based on experience and careful thought of even the least among us, is of value. When educational work is being done in widely separated localities, under quite different conditions, and by nurses who are sometimes spending all their force and strength in an effort to bring about an appreciation of the right sort of nursing education, nurses of whom we ordinarily hear little, it is a pity to miss an expression of their thought and opinions.

#### LETTING GEORGE DO IT

Then isn't it true that, in our nursing world, there is a deplorable tendency to allow a comparatively small group of women to do all the work and bear all the responsibility of explaining and interpreting it to the public? Isn't this a rather dangerous practice? In the

Middle Ages, there was a French king, neither very wise nor very well, who had for his chief adviser, a cardinal, probably the first of the French cardinals to turn to statecraft. The cardinal's name was George, and the king early formed the habit of saying, "Let George do it," and in all sort of ways, we have been letting George do it ever since.

The increase in the number of university and college schools of nursing is, unquestionably, of great educational value,—one of the most hopeful signs of the times. However, we need to think clearly and well about certain other aspects of nursing education. Quite other schools with quite other ideals and purposes are increasing in number, some of them rather alarmingly. The majority of the graduate nurses of the United States were not educated in universities or colleges and it is not at all likely that the majority of them ever will be so educated. Neither is it desirable that this should happen; it would bring about a great limitation of our work and usefulness. We cannot all be profitably run in the same mold.

#### NEED OF A TOLERANT SPIRIT

In a profession such as ours, with two such extreme developments educationally, we need to exercise great care in coming together. We need to make a definite attempt at a better understanding and the creation of a spirit of greater tolerance. It seems to me that this can be brought about only by plain speaking which has behind it absolute integrity of purpose. We know full well that there was a time in our history when practice overwhelmed and crowded out theory. Many of our

critics and legislative opponents assert that we are now going to the opposite extreme. Possibly, there is an element of truth in this assertion, but we must admit that there are, today, many, many, schools in the United States which are still in that early and primitive stage of the development of nursing, when there was no scientific teaching, and when pupils learned nursing procedures principally by doing them. It is useless to say, "Abolish such schools at once." It sounds easy, but is at this time an impossible task. Our study must be how to improve them and how to bring them into another class.

I plead for a little better understanding of the needs of rural communities and the efforts that have been made to bring hospital care to these communities. Here in the West, we are wont to say, "The East does not understand our problems," and the East usually retorts, "Your problems are just the same as ours." Well, they are not similar and saying they are, doesn't make the statement true. The conditions accompanying nursing education on the Atlantic seaboard, in old and long established centers of population, can never more than faintly resemble those of a big Western state, sparsely settled, and with a state history going back comparatively few years. In this connection, we need to remember what Mary M. Riddle told us last year in Detroit: Two-thirds of the sick of the United States are nursed in small hospitals."

#### A NEW YORK REQUIREMENT

It is curious that it has taken so long for many superintendents of nurses to

understand the New York law and its enforcement. Last year, the speaker wrote in reference to this matter, to a well known leader in nursing, a woman who works in an old state, whose hospitals are for the most part on New York's list of registered schools. She replied:

We do not have to register our schools in New York State. The only reason we do it is to secure registration in that state without examination. Of course, what it will result in, finally, is that schools of nursing will not make any effort to secure registration in New York and all nurses will then be required to take the examination.

We are all extremely busy women, each presumably engaged in an absorbing task, but we can at least listen to our neighbor's plea. Only yesterday, a member of the League was heard to say, "Why bother about the New York inspection? The nurses can take the New York examinations." It ought to be clear to everybody by this time that no nurse can register in New York, with or without an examination, unless her school has previously been registered in that state. It should also be clear that this fact is a great hardship to many graduates seeking work in New York.

One of the most surprising answers to the letter which went out from our office, expressed the fear that a discussion might provoke animosity or ill will. Surely we have arrived at that stage of our growth, both as women and as nurses, when we can air our differences, argue on one side or the other, have the courage of our convictions, and yet retain all our respect and admiration for each other.

It isn't a question of the inspectors sent out. Inspection of hospitals is, as our chairman once expressed it, "a thankless job at best," and it would take

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a woman of superhuman intelligence and ability to judge a school of nursing fairly in the brief time allowed for its visitation. As we come more and more into public life, we must learn to judge of our work as outsiders, viewing it at a distance. No one leader has all of truth for her own and, as far as human beings are concerned, there is not such a thing as abstract truth. It isn't possible for us to be unbiased. Personality, prejudice, interests, and environment combine to form a thick veil through which each of us peers. For our edification and guidance, there is always the example of the two noted lawyers who fought on opposite sides with vigor and apparently deadly hatred and, after the trial was over, electrified the bystanders by shaking hands cordially and going out to dine together in perfect amity and understanding.

#### LAW ENFORCEMENT

Another objection made to a discussion of this matter was that we are dealing with a law already enacted and in process of being enforced. Many of us have been quite close to law making in recent years, so that the words, the "majesty of the law," sound but sadly in our ears, and our awe of law makers has gone forever. Then, too, our profession is still alive, still growing, its history is in process of making, and it behooves us to study every step of the way so that we may be ready for the future. It is only by a careful consideration of the effect of the enforcement of laws already passed that we can be prepared to enact other laws for the future.

It is pertinent to ask certain questions regarding the enforcement of the New

York law. For example,—what effect has this compulsory law, which forbids many of us to call ourselves "graduate," "trained," "certified," or "registered" nurses in New York and makes it impossible for great numbers of our graduates to register there, what effect has this law upon nursing conditions in New York City? Does it really protect the people of New York from the many undesirable non-graduate, so-called nurses, whom the public has always employed without question? Does it protect, not a comparatively small class, but all the people who need nursing care? Is it true that commercial registries flourish as never before and continue to send out an ever increasing number of undergraduates, "experienced nurses," who wear a white uniform, charge practically as much as the graduate charges, and are known to the people who employ them as "trained nurses"? We are often told that, as a consequence of this compulsory law, the class of nurses mentioned, will gradually disappear. Isn't this statement based upon hope rather than actual knowledge? Have we any facts, based on careful scientific investigation, to warrant our confidence that these nurses are diminishing in numbers and are likely to disappear? Think of the guidance that real knowledge of the conditions mentioned would be to us in our future work and in the education of the public to an understanding of what nursing really is.

May we not be forgiven for asking, "How does the inspection of schools outside the state of New York work out?" What impression does it make upon friends of hospitals and schools as they come to understand its purport?



How is it likely to affect, as they come to appreciate its significance, legislators and men who vigorously oppose any raising of the standard of education? Will it hamper or help us in our attempt to pass better laws? Is it possible in one day or in part of a day to form a just estimate of the educational value of the work of a school? What effect, on this estimate, has the fact that the greater portion of the time of the visit is spent in a consideration of hospital construction, buildings and equipment?

#### BASIS OF INSPECTION

It has been called a "whirlwind inspection," "unsound in theory and absurd in practice." Is this view a just one? From all parts of the United States, comes the complaint that emphasis is placed on the hospital and not on the school, that buildings and equipment count far more than the curriculum, the teaching, the nursing procedures. It is like judging the work of a factory entirely by its machinery and leaving wholly out of consideration the finished product ready to be put on the market. It is not usual for the inspector to see any nursing procedures carried out, or to study the methods of teaching, or to be actually present while teaching is being done.

It seems to us that the principal questions to be asked about any school of nursing are: "Is good, sound, scientific teaching done in the school?" "Are its graduates qualified to give adequate and efficient service to sick people?" It is not possible to answer these questions from any knowledge gained by the representatives of the New York Board in their visits to our hospitals. Some of us know admirably

built, well-equipped hospitals, which turn out wretched nurses. "Stone walls do not a prison make," and neither do marble and tile, beautiful offices, perfect records, swimming pools, and luxuriously appointed nurses' homes, make a school of nursing.

We are hearing, and welcoming the news, that university schools are increasing in number and usefulness. As university regents and presidents come to know more about this law and its enforcement, how are they likely to regard our claims to professional standing? In this connection, the President of our own great University of Minnesota wrote:

The mere assumption that another state has the right to standardize the higher educational agencies of this state is one which could not be tolerated. I have discussed the suggestion which has been made of paying the expenses or part of the expenses of some state official of New York State, to inspect our School of Nursing, with the representatives of other schools of medicine and schools of nursing in the Central West, and I have found that all are decidedly of the opinion that no school would accede to such a request.

It isn't surprising, after that, to learn that the name of our University School of Nursing was removed from New York's list of registered schools.

One educator calls the methods used "obsolete in educational work." Another wrote: "Would it not seem advisable that the educational opportunities be stressed, as of greater importance than the fact that several private rooms are occupied by internes pending the construction of a staff house? This latter has been the reason given for withholding registration from this training school."

In order to provide the New York Board with up-to-date information

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about the conditions of the buildings, the equipment, the records, the personnel of the school, it would be necessary to make the inspection an annual one. How much more profitable it would be to the school, and the community, to devote the money necessary to bring this about, to some educational improvement in the school itself. The writer knows well one hospital that, in eighteen months after it had been inspected and its registration cancelled, was in new, up-to-date buildings, with new teaching equipment, a new and larger faculty, and a much improved curriculum.

A hospital of moderate size has high rank because of its excellent hospital housekeeping. It never fails to make a good impression on the mind of a visitor. The management of the school is quite another story, or at least, it was another story at the time of its inspection. The conclusion of the New York State Board, based on the report of the inspector, contain the following comments:

"Thermometers and hypodermic tray *will* be standardized." "A standardization of nursing procedures is planned for the winter." "Case records *will* be started." "Medicine closets *should* be kept locked." "The practice of having the nurses write the doctors' orders *does not appear* a good one." "There is really *no* adequate children's service at present. There are two adjoining three-bed wards used for children." "There is a combined class and lecture room *with good* equipment." "There is *no* training school committee." "There is *no* physical examination of students."

You may notice that the combined class and lecture room is spoken of as having good equipment. It was, in addition, the demonstration room, and its linen, pillows, blankets, practically everything else, were borrowed from the

wards, for demonstration purposes. The school was immediately recognized, although the absence of the things indicated as belonging to the future of this school was sufficient to bring about the rejection of certain other schools.

Eighteen months after the recognition of the school in question, the service *had not* been segregated, case records were *not* being used, and the nurses' records *did not* show the amount of surgical, medical or obstetric work done by the students, but these same records did show that several pupils were admitted at seventeen. It is hard to understand how a second school, at least as good as the first one and in some respects better, should have its registration cancelled because it could not give its pupils three months' pediatric service. Of the two Minnesota schools which were recognized by New York, one had six beds set aside for experience in the care of children, and the other was able to give its pupils only six weeks' pediatric service. A third school, which meets every other requirement, is refused until such time as it can provide three months' children's service. Child welfare work has been carried on in this locality for a long time with extremely good results and we are told that the only way we could provide the amount of pediatric service which New York requires would be to withdraw the child welfare nurses from the field and thus allow a larger amount of children to become ill. It doesn't seem to us worth the cost.

Another hospital was housed in an old and inconvenient building, the upkeep of which had been neglected because the trustees, an able and intelligent body of men, had concentrated

every effort upon obtaining money for a new building, into which the hospital moved within the year. The report from New York is chiefly concerned with the defects of the old structure with only the barest mention of the new one. Naturally the trustees were displeased. They knew all the defects and handicaps cited by New York much better than the inspector did, and many others of which she was not cognizant. It was that knowledge which led to their commendable and successful effort to provide a new structure. That sort of a business method creates a prejudice in the minds of business men and leads them to believe that the nursing profession lacks judgment and discretion.

Similar complaints come from many sources. In one hospital, some old condemned buildings were shown to the inspector with the explanation that they were about to be abandoned. They were vacated and were in process of reconstruction before the inspector left the city, yet much space was given to the condition of the buildings in question and no word of commendation given to the school which is one of the oldest and best in the United States. Superintendents of schools may overlook and condone such criticism, but it is mighty hard to explain it to trustees.

Just a few more instances of the way this matter works out. The inspector arrived at one school in the Fall, shortly after a new principal and a new instructor had been installed. Much fault was found with the school because it could not produce, immediately, a definite plan for the coming school year.

The trustees of one hospital were scandalized because, among the reasons for rejection, this one was found:

"There is not a recreation room large enough for dancing parties." If I made that sort of statement in certain parts of our state, it would be as well for me to pack my trunks at once. My usefulness would be ended.

Yet another school had been registered in New York for some time. When built, not so many years ago, it was supposed to be the very latest word in hospital construction in the Northwest, and the police had to be called out to manage the crowds which came on opening day to view its excellence. As it happens, it was neither well built, nor well planned. However, many buildings in which good work is being done today may be so classified. As the years went on, it became crowded and uncomfortable. The people of the community gave generously that new buildings might be provided, and having given, and while waiting for the new buildings to be finished, came in even greater numbers to be cared for in the old place. The obstetric division was especially crowded, and at the time of the visit had spread into an adjoining ward. The obstetric staff and the hospital recognized this as a dangerous condition, but they so safeguarded their patients that there was no case of infection nor trouble of any kind. Isn't the condition described one that usually accompanies the healthy growth of an institution? The New York report said, "The new nurses' home will be ready by spring and the new hospital by fall," but the registration was withdrawn with "a recommendation that an effort be made to segregate the present obstetrical service." Wasn't that maddening? It is as though you came into my room and found me attired in an old and shabby

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gown most unsuitable to an eminent celebration but, with a new elegant garment on my arm into which I was about to change, and then you went away and wrote me a long letter about the unsuitability of the garment that was soon discarded with a slight allusion to the garment actually worn.

It is such an absurd waste of time to take up matters which have been thoroughly discussed, finally decided, and which are being corrected as rapidly as possible. Why should we pay to have that sort of work done? More important still, what is all this mass of detail doing here, masquerading not as relevant to nursing education, but as the most important element in that education?

Verdicts passed on the reports from inspections of this character can only be shallow and superficial. More than that, they are positively harmful because they furnish the wrong basis for any estimate of educational effort. I am more and more of the opinion that no pressure from graduates who desire to work in New York should cause any institution to be a party to a proceeding which is so fundamentally wrong, and which is so unjust.

We can multiply instances of the injustice of this method. A school writes that it has "a personnel of seventy-five, with eight baths, but there is hot and cold water in each room, but this lack of baths was the chief reason for withholding registration." We would like to be assured that all of New York's registered schools have better bathing facilities than the one mentioned.

A bitter feeling is engendered when conditions in one state are criticised and the listener knows that like or even

worse conditions exist in New York itself. The same thing often happens when the schools are in the same state. Two schools in one state were inspected by different nurses, one was registered and the other refused, chiefly because of an inadequate children's service. The Board of that state assures me that it is well known that the school refused had the bigger and the better service.

#### CAUSE FOR RESENTMENT

It would be impossible to sum up the resentment and ill-feeling brought about by the results of these reports of the inspectors. A recommendation was sent to one school, "That the pediatric service be improved by the establishment of routine precautionary tests on admission." An answer came back promptly from the hospital authorities that "this is not a school problem." The adoption of this excellent routine precaution was probably delayed by the recommendation.

The annual blanks now sent out by the New York State Board to hospitals already registered ask the hospitals for their per capita cost, the amount of their annual expenditures and the amount of their annual deficit. The hospitals very properly resent these questions and say that New York has no right to ask for that sort of accounting.

A superintendent writes that her school admits a class only once a year. At the time of the inspection, the nurses' home was temporarily crowded because the new class came in before all the seniors had gone. She says that ordinarily the pupils have single rooms, but because of this temporary doubling up, much fault was found. May one ask,



"Does every pupil in every school in New York have a room to herself?"

A superintendent says that her hospital is very old and the floor is stained with permanganate, for which reason the place was called dirty. Again, New York sent a serious remonstrance because the mops and brooms were not in the broom closet at nine o'clock in the morning while, on the other hand, "no credit was given for a full-time instructor with a degree and many years of experience in teaching."

A statement sent back by New York regarding a school, or rather a hospital, which was refused recognition said: "Surgical, Medical, Pediatric, Obstetrical, and Diabetic,—these five services are adequate and segregated." The writer of this happens to know that the segregation is of the sketchiest sort, chiefly imaginary, but there was no intention to deceive on the part of the busy superintendent of nurses. The false impression was due to lack of time to give a full understanding of actual conditions.

#### A JUST ESTIMATE OF NURSING EDUCATION

It is unthinkable that a just estimate of nursing education can be formed when all consideration of nursing procedures, of methods of teaching, of the kind of teaching actually done, and of its results, except as shown on paper, are left entirely out of the survey. Nothing could be more illogical or more unintelligent. We are told that we are putting the mention of the patient back into our public utterances because of widespread criticism that we were getting a long way from his bedside. We deny this statement; we never for-

got him; his well-being is the foundation of all our teaching, all our effort, and all our work; we do not always wear our hearts on our sleeves. But if this method of inspection continues, shall we not soon find it necessary to put the pupil back into nursing education?

I have seen Anatomy taught with simplicity, beauty, reverence for the human body and its Creator, and with a just appreciation of its fundamental relation to nursing, and the teacher had only a skeleton, a few diagrams, and some specimens from the butcher. On the other hand, I have known it to be taught with expensive German models, and every possible aid to the easy absorption of learning, and the pupil had no faintest conception of its importance in her daily work. The only reason that it mattered in the slightest degree to her was because at least a smattering of Anatomy was necessary in order that she might pass the State board examinations. Has anyone the right to go into these two classrooms and pass sentence from simply looking at the equipment? Is there any nurse anywhere who is capable of so doing?

#### PEOPLE, NOT THINGS

Construction should be as good as possible. Buildings should have, as far as may be, the beauty, dignity, and simplicity which go with suitability and adaptability to the purpose for which they are erected. Equipment does count, it furnishes the tools of our trade. We are, however, stressing it too much. It may be so abundant and all sufficient that it kills initiative on the part of both teacher and pupil. It is a great deal more relevant to ask:

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"What sort of English does the instructor use? Is the superintendent of nurses a gentlewoman? Is she a woman of right ideals, is she providing her pupils with some sort of cultural background? Is she giving them mental and spiritual equipment for the lives they must lead? Do the pupils come out of her school with those gentle manners which are the attribute of true refinement? We rejoice over every bit of beauty or luxury which is put into the lives of the pupils if it is not obtained by the sacrifice of more essential things. To use a very homely example: for our purposes the tablecloth may be threadbare, or even patched, but it must be exquisitely clean and daintily put on the table. Grace and distinction may be attained without elaboration and even in poverty. Maria Sanford, Minnesota's great and much loved teacher, used to say that although the home of her childhood was a very poor one, the life within its walls proved beyond doubt that gentle living and refinement may dwell side by side with extreme poverty. It isn't a question of things, but of people. A great deal has been said about Minnesota's University School of Nursing. Why has it met with success? Because Louise M. Powell was content to live a bare and hard life in pursuit of her ideal. When the students of that school looked out of their windows on winter mornings and saw Miss Powell breaking a path through one of Minnesota's snows, in order that she might conduct morning prayers, they learned an invaluable and unforgettable lesson in humility and service.

We welcome beautiful homes for nurses with all their modern luxurious

fittings if something more important has not been sacrificed. The essential thing is, as has been said, not buildings and furnishings, but people. When the trustees of a hospital build a beautiful home for nurses and then provide them with a young, inexperienced instructor at a salary of seventy-five dollars a month, there is something wrong in their conception of nursing education. If we cannot have both a swimming pool and real teachers, paid adequately, let us do without the pool. After the struggles of many years, there remains a painful lack of comprehension of the necessity of obtaining good teachers, properly prepared, and inspections such as those carried on by New York tend to increase this lack of appreciation of special preparation and education. The pitiful thing about it all is that, on the rare occasions, when we are told: "If you will produce the woman with the necessary qualifications, we will gladly employ her and pay her an adequate salary," in nine cases out of ten, she cannot be found. If we could place in the field enough properly educated, specially prepared women, many of our hospital problems would automatically disappear. Fellow nurses, our greatest need today is this one. There are hundreds and hundreds of women administering schools of nursing and teaching pupil nurses who haven't the slightest fitness for either of those great tasks. It ought to frighten us to think of anything happening to the League of Nursing Education. It must be its great task to continue to foster education of the right sort. Let us have all the college and all the university education possible, and meanwhile, let us extend helping hands to those women

already in the field without sufficient preparation. Let us multiply the number of our institutes, advocate and advertise summer courses and teachers' colleges. It ought to be a steady advancement: a few days' institute, a longer one, a summer course, a year at a teachers' college, and then perhaps work for a degree, and with the acquisition of a technical education, step by step, must go attention to those studies, like English and Literature, which will give a cultural background to nursing, which will furnish a refuge in time of trouble, make life broader and more worth while. In addition, let us

remember humbly and reverently, that many of our best administrators and teachers have not a college degree. Education is not confined to colleges and the ability to teach is a gift from Heaven itself.

Minnesota is not the only or the chief complainant. It just happens that the cause found a champion in Minnesota. The champion asserts that to pass judgment on a school from the report of inspection of the hospitals, buildings, equipment, cleanliness and order, and upon the written records of the students' work is illogical, unintelligent and stupid.



HOT WEATHER RECREATION AT THE CHILDREN'S HOSPITAL, KANSAS CITY, MO.

"A little intelligence employed by a passionate heart will go farther than great genius placed at the service of a frigid soul."

—Maurois, "Captains and Kings."

## THE NURSES' HOUSE AT BABYLON



SPACIOUS WITHIN AND WITHOUT

**INTRODUCTORY NOTE:**—The generous bequest of the late Emily Howland Bourne (\$300,000) for a home for tired and convalescent nurses of New York, has made possible the purchase by the New York Association for Improving the Condition of the Poor of a beautiful estate at Babylon, Long Island.

Many nurses have enjoyed the hospitality of the Red Cross House at Bay Shore, Long Island, and it was a satisfaction to every one to have the New York County Chapter of the Red Cross continue its interest and financial support in the new house. The fact that the Red Cross has some share in it makes both graduate and student nurses eligible, even though they are not residents of New York.

There is an Advisory Committee, of which Mrs. August Belmont is chairman, made up of representatives from all types of nursing service, as well as from the two contributing organizations.

Much time and thought have been spent on the equipment of the Nurses' House and many alumnae associations, as well as boards of directors, interested individuals, and groups

have contributed money and gifts to be used for the furnishing, making it a very delightful and homelike place. It has been used largely since its opening in February, and during the summer it is overflowing, with a waiting list of applicants seeking rest or a holiday. Its ideal is the same as the Bay Shore House, to give convalescent and tired nurses a chance to rest in as harmonious and happy surroundings as possible. The family life is emphasized and many of our erstwhile guests speak of coming "home" when asking to return.

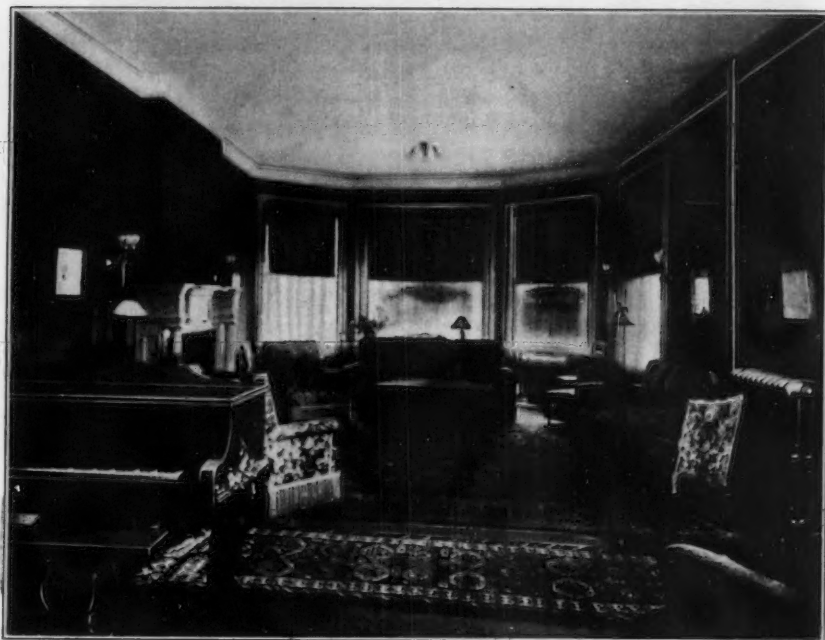
Nurses from all government services (particularly the Veterans' Bureau), the Red Cross, various hospitals, all types of Public Health nurses and many foreign nurses, temporarily in this country, have been entertained. Applications for vacancies are either made to the Association for Improving the Condition of the Poor or to the Red Cross.

When a nurse has been ill she is usually known, as one of the Red Cross social service nurses has been visiting her. Sick nurses are also reported to the Red Cross by the hospitals, the Visiting Nurse Association and individuals. They are visited, taken flowers,

magazines, and arrangements are made for convalescent care.

There are many nurses working in New York whose homes are elsewhere and who have no local hospital affiliation. It has been the privilege of the Red Cross to be of service to such nurses when they have been ill.

Nurses are so constantly doing for others that it is hard to realize how much in need of thought and care they are when sickness overtakes them. The Nurses' House is supplying a very real need in its vicinity. There should be many more such houses in different parts of the country.



THE LIVING ROOM OF BABYLON

#### THE HOUSE IN USE

By CAMILLA M. VAN PELT, R.N.

**I**T WAS one thing to be told to leave one's work at once and a most delightful other to approach that rest through the pretty, pleasant village of Babylon, Long Island, and there find it waiting at The Nurses' House. The charm of contentment casts its spell from the very station and the drive through the happy looking little town enhanced it, so that the first glimpse of the broad, gray, many-windowed house, so comfortingly set in its acres of green

and garden and fine old trees, seemed a dream come true of perfect well-being. The wide verandah almost encircling it, cheered one at sight of its canvas swing-couches, steamer chairs, rugs and pillows, books and magazines; and out beyond, past garden and meadows, orchard and country roads; the waters of the Sound glistening and twinkling in the sun quite thrilled one. The vacation spirit took possession of me at once. Welcomed charmingly by the hostess,

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ONE OF THE "FAMILY TABLES"

taken to a perfectly appointed comfy room, I immediately wanted to explore the delightful place—the glimpses of which as we came through the halls and upstairs so intrigued me, but I was only too glad just to sink into that pretty room. All of the rooms are beautifully furnished—by Sloane's, no less—so, of course, the whole is most attractive and comfortable. Luxurious beds, single mahogany four-posters or similar low beds and matching bureaus, chiffoniers, bedside tables, pretty lamps, desks, and cane seated chairs. And such harmony of color everywhere,—cream or other plain tinted walls or old-fashioned, flowered papers.

There are three floors (luxurious baths!) and the upstairs halls are joys in that each ends in a cozy alcove beyond the large windows of which stretch the most lovable views—views at once exhilarating and restful. In-

deed, in every room in the house one has that feeling of outside beauty and expanse, for it is truly a house of rest and cheer in the very heart of the "all-out-doors" so typical of Long Island.

The tuneful gong announcing dinner was a prelude to the pleasures awaiting sight and taste downstairs. There were eighteen of us at dinner, that night, in a most attractive dining room ending in a bay window overlooking the grounds at the front of the house,—a window fringed, as it were, by a group of trees like a frame to the picture.

Directly beyond the opposite end of the dining-room stretches the most livable of living rooms—spacious and comfortable and gaily inviting to sociability; bright with colorful rugs, with the cretonnes of divans and deep easy chairs, the high lights on the brasses at the wide fireplace; mellow with the glow of the "happy-light" lamps at side



tables and divan ends casting their friendly glow over waiting books, magazines, or the day's papers; gay with flowers. And the Ampico!—a most sumptuous grand piano to the tune of which I soon learned there was dancing every night. This charming room also ends in an expanse of much window, in this case overlooking the garden beds and walks, the far meadows and beyond them the Sound, so that while day slipped into twilight I had the feeling of wanting to look both ways at once, for fear of missing one little bit of country beauty so welcome to city-jaded senses.

Acquaintance grows quickly at a merry dinner table over a so-good dinner! (All the meals are that) and I soon felt quite one of the family. After dinner there was whatever one felt like—reading, music, dancing, or the inevitable bridge upstairs in the hall alcoves (perfect "withdrawing" rooms for the game). The library enticed me, of course. Again, a fireplace, deep divan, don't-get-up chairs, book-laden tables, more "happy-lights" and two walls of more books. I didn't know where to begin!

This library is across the wide hall from the living-room, and in front of it, opposite the dining-room, is my idea of an honest reception-room; dignified, artistic, hospitable—repeating in a more sedate note the comfortable attractiveness of the other rooms. Truly this is a house to love.

To add all I feel about the surrounding out-of-doors would make a book and one must reach the final period. To me it all means a feast of sunshine and

garden flowers, country quiet, sea-tang, far sails on blue waters (learning to fish!) and long walks down ways of beauty. I quite envy the guests making a longer stay, but I shall return, I'm sure, in however short a time, entirely refreshed—not to say, rejuvenated!

#### TETANUS EASILY PREVENTED, BUT DIFFICULT TO CURE

Most disease germs live only a short time outside the body, and are active only when in the fresh state, so diseases are carried by direct contact from person to person. The germs of tetanus, however, are much more to be feared, because they develop into spore forms which are highly resistant to heat, drying, and disinfectants. They remain in the earth until the germs are again brought into favorable conditions for growing.

Ideal conditions for their growth are wounds, made with fire-arms, nails, splinters, etc. Dirt present on the hands or implements may contain these tetanus spores, which are carried into the deep wound and there develop. Tetanus germs now change from the spore to the active state as they grow best below the surface of the skin without access to air. They develop locally in the wound and give out a powerful toxin or poison. Usually the symptoms appear gradually, two or more days after the injury. First noted, are stiffness of the neck and lower jaw, while increased spasms extend to the other muscles until the whole body is rigid, and the jaw is locked, ending in death in 80 per cent. of the cases, usually within four days.

When a deep wound occurs, a physician should be called at once, as prompt attention may avert a fatal ending. Tetanus antitoxin should be used subcutaneously to prevent the disease. When tetanus symptoms have appeared, the tetanus antitoxin should be given intraspinally. Tetanus antitoxin in preventive, or curative doses, is available from the State Department of Health through the local health officers.

From *Weekly Health Bulletin*, Connecticut State Department of Health.

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## A CANS COMMITTEE

BY M. PEARL JENMAN

THE CORTLAND County Hospital is beautifully located and is a treasure in the way of architecture and equipment; it is of such immeasurable value to our county, of which we are justly proud, that any effort to be of service to the hospital is a pleasure to the committee.

Picture yourself as a patient in the hospital on a gray, bleak November day when the wind howls outside and the pains come oftener and oftener inside. The evening meal is brought in and perchance among the viands you spy a dish of luscious looking cherries. At once your fancy rambles back to childhood hours and the old cherry tree where you used to perch and again you travel through the fields of clover, buttercups and daisies and with this little trip other thoughts come trailing along and the buoyancy of youth lives again in your veins and when nurse comes to remove your tray she sees a new light in your eye and a new smile on your face and is happy that a better night is in store for you, and in the morning the doctor sees a better line on your chart!

So the pictures might grow to make a museum, as the different fruits are served to the different patients; and everyone around this county knows more or less of the workings of this committee and the benefits derived thereby.

Practically speaking, the work of the "Cans Committee" begins very early in the spring and includes a score of workers. Each member is given a cer-

tain section and she, in turn, appoints one person on each street to visit each home and explain the opportunity of assisting in the good work. Cans are left, according to the generosity of the individuals, and in the fall they are collected by the same solicitor. In this way much personal interest has been aroused in the city and now the work is spreading into the rural districts where we are receiving the same courteous and generous response that we have had in town.

Last year the hospital received about twenty-six hundred quarts of fruit and vegetables,—each can the pride of some housewife. This meant at least \$1,200 in monetary value, aside from the joy of the donor and the pleasure of the recipients.

The Committee feels that the project puts across a four-fold benefit, viz.:

1. In giving an opportunity to be helpful as a cheerful giver.
2. The greatly increased number of cans each year shows how the spirit of giving has grown.
3. The interest has reached the rural districts and the lives of the people have been broadened with the new thoughts of service.
4. People who are not situated so that they can fill cans, are anxious to help with the work and so give money which is used to buy fruit.

The members of the committee are zealous, Christian women who try to spread the gospel of "God loveth a cheerful giver," and in return they trust that the hours of suffering of many patients is made a little easier by their efforts and what they imply.

## WHO'S WHO IN THE NURSING WORLD



XLIX. RETTA JOHNSON

**BIRTHPLACE:** Sedalia, Mo. **PARENTAGE:** American. **EDUCATION:** Public and normal schools. Taught in public schools of Kansas and Colorado before studying nursing. **PROFESSIONAL EDUCATION:** City Hospital, Indianapolis, Ind. **POSTGRADUATE STUDY:** Summer course at Teachers College, Columbia University, New York. **POSITIONS HELD:** Private duty nurse, two years.

Instructor at Baptist Hospital, Houston, since 1917; instructor at St. Joseph's Infirmary since 1922. **OFFICES HELD:** President of Texas State Association, two years; Secretary of Texas State Association, seven years; member Nurses' Examining Board, two years. **PRESENT OCCUPATION:** Registrar of official registry; instructor at the Baptist and at St. Joseph's Hospitals, Houston, Texas.

## EDITORIALS

### ACADEMY OF MEDICINE PROGRAMS

**N**OT LONG ago, the Academy of Medicine of Columbus, Ohio, devoted an evening to Public Health Nursing. The program was given over entirely to six prominent public health nurses who spoke on District Work, Tuberculosis, The Schools, and City and State Health Department Nursing.

Said the call to the meeting, "the presentation of the topics, by leaders in the special fields of nursing will be of great value to all members of the Academy. We will learn just how the work is being carried on among our patients in city and county. All physicians should realize—many do already—that nurses not only interpret our orders and directions to our patients but are *liaison* officers in a way that no other group can possibly be. Their organized body has been our ally and friend. No other group has or can ever have the intimate relationship with patients that nurses have."

The event proved all that was promised for, said a prominent member of the Academy, "that meeting should advance the cause of preventive medicine in Ohio by many years."

Another interesting program was that given at a combined meeting at Oshkosh of the medical society and of the Sixth District Association of the Wisconsin State Association. The medical group selected a neurologist and the nurses an expert psychiatric nurse as speakers. They were enthusiastically received and a little known cause may be assumed to have been somewhat advanced.

The significant thing of course lies in

the fact that it was no problem or disagreement or question that brought medical and nursing groups together. They came together in mutual esteem and in most cordial relations for the discussion of matters pertaining to the promotion of the common weal.

### ANOTHER STATE HEADQUARTERS

**O**N AUGUST fifteenth, Arabella Creech will become Executive Secretary of the New Jersey State Nurses' Association with an office in Newark adjoining that of the State Board of Nurse Examiners. This is a most progressive step for so small a state. It is the end result of long years of overtime work on the part of New Jersey's pioneer nurses. Doubtless they will be rewarded by seeing the state headquarters supported with enthusiasm by the younger nurses. Miss Creech is well chosen for so responsible a position. She has had both business and professional experience, the latter including the three major branches of nursing — institutional, private duty, and public health nursing. With all this she is one of those devoted souls to whom sufficient praise is rarely given for their years of service on various arduous boards and committees. Miss Creech will wisely prepare for her new responsibilities by studying organization problems at the Headquarters of the American Nurses' Association before formally taking up the new task.

### HONORARY DEGREES TO MICHIGAN WOMEN

**T**WO HONORARY degrees of interest to nurses have recently been granted in Michigan, one to a

laywoman, Mrs. John Wood Blodgett, the other to Mrs. Mary Staines Foy, one of Michigan's best known nurses.

In many sections of the country there are laywomen to whom nursing owes an all too often unacknowledged debt. Mrs. Blodgett's influence has been so far reaching that it is a joy to find a university doing what our profession would gladly do, had it in its power. Mrs. Blodgett has long been a sincere and ardent believer in nursing; it was natural, therefore, that when it became her task as Chairman of a special committee to find suitable war use for Vassar's buildings and grounds, that she should see in the tremendous need for nurses, Vassar's opportunity.

The plan for recruiting and for the preliminary summer course itself were extremely comprehensive and the Army School and some of the university schools of nursing benefited greatly from the Vassar recruiting program.

The Vassar Camp operated for only one summer, but two hundred of the young college women there enrolled graduated in nursing and those who dropped out with the signing of the Armistice took back with them into civil life an interest in nursing that is potent in many places today. It is difficult to evaluate such influences. We only know that never before had the interest of large numbers of college women been so definitely enlisted, never before had the profession had such an influx of well educated women.

As a member of the Committee on Rank for Nurses, Mrs. Blodgett gave substantial evidence, financial and otherwise, of her interest in graduate nurses. The course in Public Health Nursing at the University of Michigan

owes its inception to her vision, while one of her most lasting influences will be that on the centralization of nursing education, for through the influence of Mr. and Mrs. Blodgett and the coöperation of the Superintendent of Public Education, the course in the Grand Rapids Junior College was evolved. This was the first course of its kind ever developed and a coöperative principle was there demonstrated that is now being followed not only in many places in this country but in other countries as well.

Mrs. Blodgett's interest in nursing did not lapse with the Armistice. She is still a member of the board of the National Organization for Public Health Nursing.

Mrs. Blodgett's citation, when she was presented to the Acting President of the University of Michigan for the Honorary Degree of Master of Arts follows:

Trustee of Vassar College; leader in matters of civic betterment, whose vision embraces a finer democracy, whose steadfast purpose and loyal service have enriched her Commonwealth. . . .

The other honor, announced briefly in our news pages last month, because received late, was conferred on Mary Staines Foy of the Battle Creek Sanitarium.

To few nurses is it given to spend an entire professional life in one field of endeavor. In conferring the degree of Mistress of Liberal Arts, President Paul F. Voelker said:

in recognition of her forty years' service as a nurse interested in the welfare of others.

#### THE "NURSING QUESTION"

**I**T WAS in July, 1923, in an editorial called "China and Ohio," that we announced the results of medical

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investigation into the "nurse question" in those widely separated places. In both instances, support of true educational programs in nursing was pledged. Now comes the June issue of the *Long Island Medical Journal* given over wholly to a symposium on the same subject.

As long ago as 1884, the medical profession of Brooklyn was disturbed about the nursing question and appointed a committee to establish a registry for nurses. The registry then established, "rendered a satisfactory service until 1915." The committee was continued and we find it, this year, charged with the responsibility for making a study of nursing in its entirety and reporting that "as the study progressed the complexity of the problems profoundly impressed itself upon the committee;" and "hasty or ill-considered action would serve only to further confuse the issue and might precipitate a worse condition than now prevails." The study is therefore to be continued. This is in the best vein of scientific medicine; it is what we have learned to expect of the medical profession when it lays prejudice aside.

The magazine contains an editorial foreword based on a destructive report on the "nurse question" by a County Association, and on the judicious report of the New York State Medical Association. It includes recommendations made to the State Medical Association by the State Nurses' Association. These recommendations indicate clearly the feeling of New York nurses that the so-called "Nurse Question" is largely a problem of distribution, and they are specific on the subject of registries. It is recommended that professional registries change their names to Official

Registries, and that all of the accepted types of persons who care for the sick be sent out by such registries for employment under rules suitable to each group. Other recommendations have to do with the control of such registries. Inasmuch as it is the medical profession which, by its support, perpetuates the poor or unethical registry, it is encouraging to find these recommendations given "front page space" in a medical journal.

In a spirit of fair play, the pros and cons have been presented. The thoughtful "preliminary report of the committee, given before the Medical Society of the County of Kings" is given in full. So, too, is the editorial "Teamwork" reprinted from the *American Journal of Nursing* for May, 1925.

The views of many of those who see nursing only as bedside nursing are expressed by the Commissioner of Public Welfare of New York and the superintendent of nurses and an attending surgeon of the Caledonian Hospital which is operating a school which makes no pretense of meeting the board requirements for either nurses or attendants. The full text of the New York Nurse Practice Act is given, with an editorial note to the effect that "the law itself is satisfactory." The grave problem presented by serious illness to those of moderate means is discussed by a hospital administrator.

In other words, a very unusual effort has been made by a local medical group to present all sides of a most complex problem. Nurses may take good hope from such efforts and they should be stimulated to further research of their own for, in the words of one editorial, "The nurse is our trusty ally. Our

hopes, our fears, and our spirit are the same." The gist of the whole matter is well stated by another editorial writer as follows:

The nursing system would rate 80 or 90, if it were scored by a numerical system; but the 10 or 20 per cent. of deficiencies are irritating to everybody and most of all to the nurses themselves.

Nursing and medicine working separately cannot do much with the 10 or 20 per cent. of deficiencies; working together they should reduce the figure to that irreducible minimum beyond which, human nature being as prevalent in nursing and medicine as elsewhere, we cannot hope to go.

#### ANNE H. STRONG: A TRIBUTE

*By Katherine Jamell*

SCATTERED ALL over the United States, and in many of the foreign countries, in high places and in quiet corners, are nurses who have studied under Miss Anne Strong, who through all the years have claimed immediate kinship with each other because of their common love for her. The frequent discovery of one such, in some far corner, brought need of no further introduction than the question, "What year were you in Boston? When did you see Miss Strong last? Have you heard how she is?" You accepted and were accepted. In the next breath you marvelled with your new found friend at the constant interest Miss Strong maintained in each of us, perhaps years after she had last seen us; and you exchanged confidences of her—how she continued to know of our problems, to help with advice, to cheer with rare insight and encouragement, whimsically to remind us of our own shortcomings so that we might not be permanently weighed down by the sight of our failures, and

with it all to keep us within the range of her constant affection.

This means that Miss Strong's influence carried far beyond the confines of her classroom, out into the daily activities of hundreds of busy lives—so that her power as an educator will continue to live, often unrecognized, wherever the message of public health is borne by nurses. We, her students, can make no wise analysis of her power, having accepted it all so unthinkingly; we have, however, that innate consciousness that within each of us something of her will continue to live for our guidance.

We look back upon her classes and count it our good fortune to have attended them, classes which offered a chance to use one's best mental abilities. We loved her quick flashes of wit, her ready appreciation of the humorous, as much as we valued her clean, clear thinking, her power of logical analysis, her frank, open-minded approach to the problem at hand. As a teacher, few could equal her simplicity, her detailed development of the subject, her clarity of explanation—suited her presentation, as was necessary always, to minds of such varied training and ability. She wove for us her ideal of service, made visible the paths to its attainment, and then disclosed to us her surprising faith in us as individuals, and her need of us to strive with her for this common goal.

At the last meeting of our group, when she was trying to summarize for us, all that she would give us out of the wisdom of her experience, she quoted from Pandora's Song. With the thought of Miss Strong these words always come to mind, presenting as they do her very image, her physical infirmities, her ethereal frailness, her whimsical humor

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the spirit in the lives of all whom she  
taught.

Of wounds and sore defeat  
I made my battle stay;  
Winged sandals for my feet  
I wove of my delay;  
Of weariness and fear,  
I made my shouting spear;  
Of loss, and doubt, and dread,  
And swift oncoming doom  
I made a helmet for my head  
And a floating plume.

#### HEALTH OF NURSES

**H**OSPITAL REPORTS are often  
stodgy reading, but it cannot be  
assumed that all are so, lest one miss a  
gold mine. Only the other day we  
picked up one that contained a real  
nugget. It was headed, "Health of  
Nurses," and it occurs in the report of  
the Physician-in-chief of an important  
hospital. Says the author of the  
report:

Though without any comparable figures for  
other groups, I have the definite impression  
that the incidence of sickness among nurses  
is larger than should be expected in a group  
of this age, especially when it is recalled that  
a physical examination is one basis of selec-  
tion. Furthermore, it is to be remembered  
that illness among nurses and others of the  
hospital family is an arraignment of an insti-  
tution whose object is the promotion of  
health.

Recommendations then follow to the

effect that the hospital trustees inaugu-  
rate a careful study of hospital hygiene  
with particular reference to the workers,  
since it is the workers rather than the  
patients who suffer from a high inci-  
dence of infections, particularly of the  
upper respiratory tract, during the  
winter months.

The writer concedes that it may be  
necessary for student nurses to live  
within hospital walls but he advocates  
congenial living conditions outside the  
hospital for such workers as dietitians,  
supervisors and head nurses, because he  
believes such an arrangement would  
improve the health and lengthen the  
tenure of office, particularly of head  
nurses. This searching analysis and  
thoughtful report concludes with a  
recommendation for midwinter vaca-  
tions for these groups because "it is  
much cheaper to the hospital for the  
nurse to be off duty on vacation than  
off duty as a patient occupying a bed."

Rarely do we find a physician con-  
sidering so thoughtfully any administra-  
tive problems of a school of nursing.  
Many persons, physicians and others,  
have deplored the present tendency to  
short time headnurseships; many have  
deplored the morbidity among hospital  
personnel. To our knowledge, at least,  
few have yet given the matter such  
careful thought.<sup>1</sup>

<sup>1</sup>Report of Doctor Christian, Physician-in-  
Chief, in Eleventh Annual Report, 1924, Peter  
Bent Brigham Hospital, Boston, Mass.

"If hope and courage go out of the lives of common men, it is all up with social and  
political civilization."

—WIGGAM, "The New Decalogue of Science."

# DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

## REVISION OF THE STANDARD CURRICULUM

(Continued)

### ELEMENTARY NURSING<sup>1</sup>

*Note.*—This course includes courses previously listed as Elementary Nursing, Hospital Housekeeping, Bandaging and Massage. These subjects are all so closely related that it seems best to group them under one course. The work is arranged in units which may be taken up consecutively or better in two parallel series, A, D, F and G, forming one; and B, C and E, the other. It is assumed that students will not be caring for acutely ill patients during this period. Their work will be with chronics, convalescents and the mildly ill.

Time: 90 hours, divided into 45 lesson periods of two hours each, about half of each period to be spent in class and demonstration work and half in laboratory practice and quiz. It is assumed that students will carry out procedures once, under the teacher's supervision, in the hours assigned to laboratory or demonstration room work, and will then have further practice outside these hours, both in the demonstration room and in the ward.

Teacher: Instructor of Practical Nursing, who may be assisted by other members of the staff specially qualified to teach the units outlined under A, D, F and G.

Objects of Course: (1) To give a clear understanding of the fundamental principles which underlie all good nursing, to develop habits of observation, system, economy, and manual dexterity and to establish a uniform and fine technic in nursing and allied skills. (2) To develop a love for nursing, a pride in good workmanship, and a keen interest in the human side of the nurse's work as well as in its scientific and practical side. (3) To prepare students to meet the problems that will confront them in their daily work in the hospital, limiting their duties as far as possible

<sup>1</sup>These two outlines have been prepared by a sub-committee composed of the following: Harriet Friend, Chairman, Nellie Brown, Hester Frederick, Emilie Robeson, and Grace Watson.

to those which they can understand and safely practise in the earlier stages of their training. (4) To test the aptitude of students, with a view to selecting those who are fitted to continue their training as nurses.

#### HOSPITAL HOUSEKEEPING AND SUPPLIES

##### Unit A—20 Hours

#### I. *The Hospital as a Home for Sick People.*

(It is suggested that the Superintendent of the Hospital might give this introductory talk.)

(Class) Meaning of the term *hospital*. Purpose of the hospital. Importance of good location and provision for light, air, safety, etc., in structure of hospitals. Outline of various departments of a modern hospital and relation of these to one another. Functions of the nursing service and what it means to the hospital and the patients. Importance of good housekeeping and nurse's responsibility for patients' surroundings. Some essentials of teamwork and efficiency in hospital work.

(Demonstration) Trip through the hospital. Student to write this up briefly and to draw a simple chart of the hospital organization showing the main departments and their relationships.

#### II. *Care of the Patient's Room.*

(Class and Demonstration) Effect of surroundings on sick people. Special problems to be met in hospitals. Essentials in air space, ventilation, lighting and heating, floors and floor coverings, walls and wall finishes, use of color and decoration. Special types of furniture required, hangings, pictures and other furnishings. Arrangement of private room from standpoint of convenience, attractiveness, ventilation, etc. Daily care and cleaning of room. Improvised methods of ventilation.

(Laboratory) Practice in sweeping, dusting and daily care of student's own room or

private room. Care of flowers. Draw plans of different types of sick rooms, showing best arrangement of furniture and best plan for ventilation, privacy and convenience.

### III. *Preparation of a Room for a New Patient.*

(Class and Demonstration) Importance of thorough housecleaning of room between cases. Sunlight and cleanliness as disinfectants. Materials to be cleaned, woods, paints, metals, glass, fabrics, marble, etc. Appliances, brooms, brushes, mops, etc. Their choice, cost and care. Methods of cleaning demonstrated.

(Laboratory) Thorough cleaning of one bedroom by each group of four to eight students and preparation for new patient.

### IV. *Care of the Ward and Its Equipment.*

(Class and Demonstration) How to make the ward clean, comfortable, attractive, and safe for patients. Standard ward furnishings and arrangement. Heating, lighting and ventilation of ward. Daily cleaning and order. Weekly care including high dusting, cleaning of lighting fixtures, etc. Telephone and electric bell system. Precautions against fire, fire escapes, use of fire extinguishers and fire drill.

(Laboratory) Cleaning of ward. Practice fire drill. Make a plan of hospital ward. Students on the wards may keep temperature chart of ward, observe ventilation, dust and keep ward tidy, assist in making weekly or monthly inventory, etc.

### V. *Utility Rooms, Bathrooms and Lavatories.*

(Class and Demonstration) Discuss plan of ward unit and relation of attached rooms to the general work of the ward and welfare of patients. Equipment and arrangement of such rooms. Methods of cleaning and care of utensil sterilizers and other appliances. Systems of plumbing, pipes, traps, etc., and their care. Disposal of hospital waste. Care of dressing pails.

(Laboratory) Cleaning of sinks, bath tubs, bathroom utensils and other equipment. Listing of special articles with prices. Visit to incinerator (if there is one).

### VI. *The Ward Kitchen.*

(Class and Demonstration) Special importance of the kitchen in relation to spread of

disease and general welfare of patients. Equipment of ward kitchen. Plan for daily and weekly cleaning. Care of plumbing, dish sterilizers, dish washers, etc. Care and cleaning of refrigerator. Precautions against vermin and methods of extermination of ants, cockroaches, rats and mice. Protection and care of food. Prevention of food waste. Care of cooking utensils and diet dishes. Ordering and costs of kitchen supplies. Garbage disposal.

(Laboratory) Clean refrigerator. Assist with weekly dish count. Inspect garbage pails and report on waste. Make requisition for kitchen supplies.

### VII. *Linen Room and Linen Cupboard.*

(Class and Demonstration) Purpose and plan of central linen room and sewing room. Arrangement, inventory, marking, mending, folding, etc. Systems of replacement and exchange. Arrangement, cleaning and care of ward linen closet. Care of blankets and ward clothing.

(Laboratory) Cleaning and arrangement of linen closets. Looking over linen for mending, folding and stacking linen, making linen requisitions. Visit to central linen room.

### VIII. *The Laundry.*

(Class and Demonstration) Purpose and plan of the laundry. Precautions in handling of hospital linen. Processes—sorting, washing, bleaching, rinsing, mangling, etc. Equipment and materials used. Removal of stains. Methods of washing blankets and woolens.

(Laboratory) Visit to laundry. Help in sorting ward linen and removing stains. Make list of linen supplies with costs.

### IX and X. *Surgical and General Ward Supplies.*

(Class and Demonstration) Purpose of the surgical supply room. Types of supplies to be prepared,—bandages, sponges, pads, etc. Materials used and their cost. Methods of preparing and sterilizing. Mending and care of rubber gloves.

(Laboratory) Prepare all ordinary types of dressing materials and surgical supplies. Estimate costs. Wash and mend rubber gloves. Visit supply rooms and find out methods of ordering common supplies.



ADMISSION AND GENERAL NURSING CARE OF  
THE PATIENT

## Unit B—20 Hours

I and II. *Getting a Bed Ready for a Patient.*

(Class and Demonstration) Kind of bed and bedding needed in hospitals for comfort, safety, economy, sanitation, etc. Possible types of patient to be provided for. Cleaning, disinfection and care of beds and bedding. How to make ordinary hospital bed and child's cot. Modification of bed for emergency patient and for balcony. Special care of air and water beds.

(Laboratory) Making beds of different types. Cleaning and disinfecting beds. Airing and caring for bedding.

III and IV. *Admission of Patient to the Hospital.*

(Class and Demonstration) Types of patients and how they come to the hospital. What can be done to make them feel at home and save them from fear and worry. Routine in admitting room, office and ward (omitting details of T. P. R. till later lesson). Clothing to be provided for ambulant patient. Helping with undressing, tub bath, and dressing for patient not acutely ill. Listing and caring for clothing and valuables. Precautions regarding vermin. Treatment for pediculi. Provision for transfer and discharge. What the social service department does for the patient.

(Laboratory) Go through routine of admission and tub bath for ambulant patient. List clothes and valuables. Visit admitting room and social service department.

V. *Lifting, Moving and Carrying Sick and Helpless Patients.*

(Class and Demonstration) Important points in handling and carrying patients. Conditions to be especially considered. Methods of assisting in walking, moving patient in chair, carrying with and without a stretcher, lifting from floor or chair to bed and from bed to bed. The fireman's lift and other emergency methods.

(Laboratory) Practice in methods of lifting, moving and carrying.

VI and VII. *Making the Patient Comfortable in Bed.*

(Class and Demonstration) Main sources

of discomfort and how to alleviate them. Morning and evening toilet with washing of hands, face and back, care of mouth, brushing and combing hair, etc. Hot water bag to feet. Giving bed pan. Making up the bed with patient in it. Changing the bed. Other devices for comfort,—pillows, pads, rings, etc. Various positions, including sitting up with back rest. How to change mattress with patient in bed.

(Laboratory) Practice of all these procedures.

VIII. *Bathing the Patient in Bed.*

(Class and Demonstration) Purpose of the cleansing bath. Precautions necessary. Temperature of water and materials used. Method of giving full bath for adult or child. Washing the patient's hair in bed.

(Laboratory) Practice of bed bath and shampoo.

IX. *Safeguarding the Patient in Bed.*

(Class and Demonstration) Danger of bed sores, symptoms, locations, and methods of prevention and treatment. Precautions against falling or injury in case of children, delirious or irresponsible patients. Use of sideboards, jackets, elbow splints, sheets and other modes of restraint. Precautions against burning, exposure, and other possible dangers.

(Laboratory) Practice of procedures in this lesson and any left over from previous lessons.

X. *Feeding the Patient.*

(Class and Demonstration) Importance of food and water in restoring health. Getting patients ready for meals. Means of making food attractive. Various ways of assisting helpless patients in eating and drinking. Observation of appetite and amounts of food and water taken.

(Laboratory) Review of procedures in this unit. (Students might organize a project covering the first day in the hospital for a chronic or mild accident case.)

OBSERVATION AND RECORDING OF PATIENT'S  
CONDITION

## Unit C—10 Hours

I. *Observation—Its Meaning and Value.*  
*Use of Records.*

(Class and Demonstration) Importance of

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nurse's observation in relation to diagnosis and treatment of patient. How to observe. Importance of records. Types of records kept in hospitals. Essentials of a good record or report. Printing or manuscript writing as a means of securing legibility and neatness.

(Laboratory) Practice in printing or manuscript writing. Visit record room and see filing system for patients' records.

## II and III. *Temperature, Pulse and Respiration.*

(Class and Demonstration) Significance of the three cardinal symptoms and their relation to one another. Structure and use of the clinical thermometer. Methods of disinfection and care. Methods of taking and charting temperature, pulse, and respiration.

(Laboratory) Practice in taking T. P. R. Making out simpler forms of charts and recording T. P. R.

## IV and V. *Other Symptoms and Their Charting.*

(Class and Demonstration) Importance of changes in skin, mental condition, expression, posture, etc. Pain and its significance. Types of pain and how to describe. Excretions. Collecting, labelling, and care of specimens. Significance of laboratory reports in the nursing care of the patient.

(Laboratory) Practice in charting. A good method is to give students a number of unorganized facts, relevant and irrelevant, about a patient and ask them to select, organize and express in proper form the facts which need to be recorded on the charts. Then have class criticize results. Visit to laboratory to see what is done with specimens.

## ELEMENTARY BANDAGING

### Unit D—8 Hours

#### I. *Binders, Slings and Miscellaneous Bandages.*

(Class, Demonstration and Laboratory) Purpose of bandages and binders. Material and common applications of triangular, cravat, four-tailed and scultetus bandages, slings, abdominal and breast binders, knots and fastenings. Practice in applying these binders and bandages to different parts of the body.

#### II and III. *The Roller Bandage.*

(Class, Demonstration and Laboratory) Materials, widths, lengths, etc., and special

uses. How to handle and roll. Application of circular and spiral bandage to wrist, arm, finger, etc. Figure of eight of arm, leg and foot. Spica of foot and groin. Spiral reverse of arm, leg and foot. Practice in applying.

#### IV. *Special Bandages.*

(Class, Demonstration and Laboratory) Figure of eight of head and chest. Suspensory of breast (single and double). Recurrent head bandage. Oblique of jaw. Barton's and eye bandage. Practice in applying.

## ELEMENTARY NURSING TREATMENTS

### Unit E—20 Hours

#### I. *Local Application of Cold.*

(Class and Demonstration) Some of common conditions in which cold is used, including congestive and inflammatory conditions. Action of cold. Methods of applying moist and dry cold in form of compresses, ice bags, ice coils and improvised substitutes for these.

(Laboratory) Practice in preparing and applying these remedies to different parts of the body and for different conditions and recording results.

#### II. *Local Application of Heat.*

(Class and Demonstration) Some of the common conditions in which local heat is used. Action of heat. Application of dry and moist heat in form of fomentations, poultices, hot water bag, electric pad, and improvised substitutes.

(Laboratory) Practice in preparing and applying these remedies for different conditions in different parts of the body and recording results.

#### III and IV. *Local Application of Heat and Chemical Counterirritants.*

(Class and Demonstration) Use of chemicals to increase counterirritant action. Mustard plaster and poultice, mustard leaves, spice poultice, and common liniments. Turpentine stupes. The foot bath with and without mustard. Sitz bath.

(Laboratory) Practice of these procedures and recording results.

#### V and VI. *Elementary Nursing Treatments in Throat and Respiratory Conditions.*

(Class and Demonstration) Some of common conditions requiring treatment,—colds,

coughs, sore throats, etc. Precautions against infection. Irrigations and inhalations. How to prepare a croup tent. Care of excreta, dishes, linen, etc., after an infectious case in general ward.

(Laboratory) Practice in giving treatments and carrying out preventive and disinfectant measures.

#### VII. *Elementary Nursing Treatments in Eye, and Skin Conditions.*

(Class and Demonstration) Commoner conditions requiring treatment. Eye bathing, drops and compresses. Removal of foreign bodies in eye. Application of ointments and lotions for skin conditions. Eczema masks. Care of infectious skin conditions.

(Laboratory) Practice in these treatments.

#### VIII. *Elementary Nursing Treatments in Disturbances of Gastro-intestinal Tract.*

(Class and Demonstration) Commoner conditions requiring treatment,—nausea, vomiting, colic, flatulence, etc. Use of ordinary measures to produce or control vomiting. Use of rectal tube, rectal suppository, soap suds, oil or saline enema. Charting of results. Disinfection of stools and utensils in infectious cases. Care of incontinent patients.

(Laboratory) Practice method of giving enema and other treatments, outlined; first in the demonstration room with hospital doll, and later with ward patients.

#### IX. *Elementary Nursing Treatments in Conditions of Genito-urinary Tract.*

(Class and Demonstration) Commoner conditions to be treated. Precautions against vaginitis and other infectious conditions. Purpose of vaginal douche. Solutions and temperatures used. Method of administration. Charting of results.

(Laboratory) Practice method of giving douche (as with enema). Review some of procedures previously studied.

#### X. *Care of Dying.*

(Class and Demonstration) Symptoms of approaching death. Measures for the care and relief of the patient. Notifications necessary. Consideration of friends. Care of the body after death. Disposal of clothing, valuables, etc.

(Laboratory) Review method with hospi-

tal doll and make out necessary records and blanks.

#### RUBBING AND EXERCISES THAT MAY BE USED IN ELEMENTARY NURSING CARE

##### Unit F—6 Hours

#### I. *Ordinary Stroking and Kneading Movements and Friction.*

(Class and Demonstration) Some uses of rubbing in general daily care of bed patients as sedative, for exercise, in applying liniments, inunctions, etc. Kneading and stroking movements that are used in rubbing of the back, legs, arms, forehead and neck.

(Laboratory) Practice in simple kneading and stroking movements.

#### II. *Special Manipulations of Joints.*

(Class and Demonstration) Purpose of and precaution in such manipulations after union of fracture, in exercise of stiff joints, etc. How the patient may help.

(Laboratory) Practice in such movements.

#### III. *Exercises.*

(Class and Demonstration) Brief consideration of purpose of various setting-up exercises that may be ordered for convalescents. Active and passive movements used for this purpose.

(Laboratory) Practice in these movements.

#### SIMPLE DIVERSIONS AND OCCUPATIONS FOR PATIENTS

##### Unit G—6 Hours

#### I and II. *General Purposes, Needs and Methods.*

(Class and Demonstration) Mental and physical effects of occupation, and some possible dangers. Resources available in the hospital such as the library, games, puzzles, music, etc. Sedentary and active work in the ward adapted to ordinary cases. Ways in which the student can help the patient use these resources.

(Laboratory) Visit to library and explanation by librarian of best use of books and magazines for patients. Demonstration (by occupational therapist, if possible) of simple games, puzzles and occupations suited to the need, with some practice by students in demonstration room. Students might prepare an exhibit or demonstration of occupations

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and diversions they themselves know about, and show how they could be used for different types of cases.

### III. Diversions for Children.

(Class and Demonstration) Games, puzzles, paper work, cut-outs, etc., especially adapted to use of convalescent children.

(Laboratory) Demonstration and practice by students.

#### METHODS OF TEACHING

1. These lessons should follow closely and apply the sciences which the students are studying in their introductory course. To teach nursing procedures properly, involves a considerable knowledge of the principles of chemistry, physics, anatomy, physiology, bacteriology, etc., and their application in nursing treatments. The purpose of each treatment, the conditions in which it is used, the effect to be looked for, and the precautions required should be fully discussed with the students in each lesson, and the demonstration should accompany this discussion or follow immediately after. A typed or mimeographed sheet, outlining the procedure, may then be given to the student for guidance in her practice and to save her time in copying. From the beginning, students should be encouraged to judge the procedures by certain standards (such as those in paragraph 4 following) and to make suggestions. As soon as some skill has been gained in the procedure taught, the student should be stimulated to suggest modifications suitable in applying the procedure to the needs of different patients.

2. For practice work, the class should be divided into sections of from eight to twelve pupils, depending on the amount of equipment available. For all the commoner procedures each student should have an individual set of appliances as in the diet kitchen, but if this is not possible, students can work in groups of two or three. The teacher supervises the practice work, quizzing students and explaining where necessary. Students may be asked to criticize each others' work, and sometimes to demonstrate for the group. Frequent reviews are desirable, and a final demonstration before the superintendent and head nurses is often found to stimulate careful and finished work.

3. If the students are regularly assigned

to ward duty, much of the ward practice or drill can be carried on in the wards under the general supervision of the instructor. If the student is not on ward duty, extra hours will have to be allowed for practice work in the demonstration room until skill and confidence are developed. Students should not be allowed to perform any duties in the wards until the method has been thoroughly taught in the demonstration room. This method should be the one in use throughout the hospital.

4. To secure uniformity in method, it is well to have a type-written or printed book of standardized procedures for reference in each ward. These methods should be carefully worked out to secure the greatest safety, comfort and best therapeutic results for the patient, and the greatest economy in time, effort and materials for the staff and the hospital. Neatness and simplicity of procedure are also of primary importance. Photographs of cupboards, utensil racks, made-up beds, etc., are useful means of securing uniformity of methods.

5. It is desirable that the nursing procedures taught in the probationary period should include only the simpler and less technical treatments, those which do not demand fine skill or much experience and understanding of disease, and those which would not be likely to be misused if the pupil is not retained in the hospital.

#### EQUIPMENT AND ILLUSTRATIVE MATERIAL

1. A special demonstration room or laboratory should be fitted up for the teaching of practical nursing. This should be large enough to allow eight to twelve students to work freely at one time. It should have ample cupboard and drawer space for supplies, and several good-sized tables, as well as blackboards, chairs, etc. There should be running water and gas plates in the nursing laboratory, also adequate sinks and hoppers for eight to twelve students.

2. The demonstration room should contain a complete equipment of the materials needed for class work,—beds, linen, enamel and glassware, drugs and supplies. For all the commoner procedures, each student or pair of students should have an individual set if possible. Expensive or cumbersome articles can be

borrowed from the wards, when needed. Sometimes it is possible to use an empty ward or a good-sized private room as a practice room and then ward supplies and equipment may be used.

3. Demonstration dolls or manikins can be used for many demonstrations, though the living subject is better if one can be secured. Students can be used as subjects in many procedures. A home-made life-size doll can be made quite inexpensively, covered with single-faced rubber, so that it can be bathed and tubbed if desirable.

4. Anatomical charts and models, the skeleton, and other illustrative material will be needed. For hospital housekeeping samples of materials, of flooring, charts of colors, catalogues, pictures, etc., will be helpful.

#### TEXT AND REFERENCE BOOKS

##### *Group I—Essential or Desirable.*

- Harmer—Principles and Practice of Nursing.
- Maxwell and Pope—Practical Nursing.
- Sanders—Modern Methods in Nursing.
- Pope—Manual of Nursing Procedure.
- Robb—Nursing: Principles and Practice.
- McIsaac—Primary Nursing Technique.
- Brown—The Junior Nurse.
- Bridge—Nursing Manual.
- Nightingale—Notes on Nursing.
- Mennell—Massage, Its Principles and Practice. (Second Edition).
- Mitchell—Massage and Exercise in Vol. II of Cohen's System of Physiologic Therapeutics.
- Eliason—Practical Bandaging.
- Davis—Principles and Practice of Bandaging.
- Hopkins—The Roller Bandage.
- Tracy—Invalid Occupations.
- Dunton—Occupational Therapy.
- Hall—The Work of Our Hands.

##### *Group II—Recommended for Use of the Teacher and for Wider Reading by Students.*

- Palmer—Lessons on Massage.
- Nordi—Handbook of Medical Gymnastics.
- Despard—Textbook of Massage.
- Cyrian—Kellgren's Manual Treatment.
- McKenzie—Exercise in Education and Medicine.

Graham—Massage.

Wharton—Minor Surgery and Bandaging. Manuals of various schools of nursing which have been typed or printed and are available, as that of Philadelphia General Hospital, Bellevue Hospital, etc.

See also books on Anatomy and Physiology, Bacteriology, Chemistry, Physics, Hygiene, Pathology, Medical and Surgical Nursing.

#### THE NURSE IN HOSPITAL AND COMMUNITY

"To both medical education and public health work the modern trained nurse is indispensable. She is found in the wards and dispensary of the hospital; she follows discharged patients to their homes; she responds to the calls of the sick poor; she reports cases of communicable diseases; she is an attendant in the health center and in the industrial clinic; she serves in the school and in the families of the pupils; she goes her rounds in city, town, and village and of late has made her way to isolated farmsteads in the open country. She is at the same time nurse, teacher, public official, and friend.

"Because of an interest in medical education and public health the Rockefeller Foundation has aided demonstrations in nursing education in several countries. During 1924, it continued to support a training school experiment at Yale University, contributed to a school of nursing in Rio de Janeiro, assisted a bureau of public health visiting in France, helped to establish schools of both public health and bedside nursing at the University of Cracow, Poland, and at Zagreb, Yugoslavia, aided the public health nursing service in the Philippine Islands, granted thirty-nine fellowships for training, made surveys of nursing education in several European countries, invited leaders in nursing education to visit foreign countries, and sent a commission from the School of Nursing in Lyons to observe hospital schools and methods in Great Britain."—Information Service of the Rockefeller Foundation.

#### LA VERNE NOYES SCHOLARSHIPS AVAILABLE FOR GRADUATE NURSES

We wish to remind graduate nurses of the scholarships offered by the La Verne Noyes Estate.

These scholarships cover tuition, and are available for the use of graduate nurses who served in the Army or Navy during the recent war and who are either still in such service or who have been honorably discharged. A number of these scholarships are available at Teachers College, Columbia University, for the coming academic year. Full information about them can be had by writing to the Office of Nursing Education, Teachers College, Columbia University.



## ADVANCED NURSING PROCEDURES

Note: This course is to be given immediately after the course in Elementary Nursing is completed and after the student has been accepted in the school. The order of the classes can be changed to meet the more immediate needs of the student who will now be on regular duty and will be advancing gradually to more responsible duties in the care of medical and surgical cases.

Time: 30 hours in periods of one hour each to be divided between class and laboratory work in the demonstration room.

Teacher: Instructor of Practical Nursing.

Objects of Course: The general aims are similar to those outlined under elementary nursing, but the work is more responsible and requires more knowledge, experience and skill than the student can acquire in the first few months of her training.

The procedures included in this course are those commonly used in all departments of the hospital. Some of them will have to be modified and adapted to meet the needs of special types of disease and special services. These adaptations and the treatments peculiar to special diseases will be taken up under those various subjects. (See Medical Nursing, Pediatric Nursing, etc.)

### OUTLINE OF COURSE

#### I. Assistance in Examination of Patients.

(Class and Demonstration) Purpose of examination and common requirements in a general physical examination, in pelvic, rectal, chest, examination of abdomen, back and extremities. Various positions. Assistance with rounds. Taking orders.

(Laboratory) Assembling equipment and supervised practice in ward.

#### II, III, IV. Assistance with Various Types of Tests, Punctures, etc.

(Class and Demonstration) Purpose of various tests as Dick, Schick, Wasserman, Von Pirquet, coagulation test, Widal, taking of blood for chemical examination, basal metabolism. Nurses' duties in preparation for them. Purpose of and assistance with lumbar puncture, paracentesis of cavities—abdomen, chest, etc.

(Laboratory) Setting up trays in demonstration room. Supervised practice in ward.

#### V to VIII. Nursing Measures Which Are Used in Giving of Drugs, Sera, Vaccines, etc.

(Class and Demonstration) The hypodermic injection, hypodermoclysis, intravenous infusion, as used in giving drugs, sera, vaccines, blood transfusion, grouping of blood, tests for anaphylaxis, etc. Purpose, principles and methods of administration or assistance.

(Laboratory) Setting up of trays and such practice as can be given in the demonstration room, to be followed as soon as possible by supervised practice in ward.

#### IX. Isolation Technic in Ward.

(Class and Demonstration) Reasons for isolation unit. Method of setting up and caring for isolation unit in ward, care of gown, student's hands, bed linen, excreta, dishes, etc.

(Laboratory) Setting up an isolation unit in demonstration room and supervised practice in the ward.

#### X to XV. Nursing Procedures in Which Heat, Cold and Water Are Used, Also Counterirritants.

(Class and Demonstration) Applications of heat and cold in baths, packs, sponges. The electric pad and blanket, electric light bath. Purpose and methods of use. Counterirritants of all types including cupping, use of leeches, purpose. Methods of surgical arm and leg baths. Purpose and methods of use.

(Laboratory) Supervised practice of these procedures in the ward.

#### XVI. Review and Examination.

#### XVII-XIX. Procedures Used in Care of Conditions of Alimentary Tract.

(Class and Demonstration) Preparation for gastric lavage, gavage and nasal feeding. Test meals of various types. Purpose and methods of giving and assistance. Various types of enemata—nutritive, carminative, drip, medicinal, etc. Purpose and methods of giving rectal irrigations. High colonic flushing.

(Laboratory) Setting up trays and

practice in demonstration room. Supervised practice in ward.

XX to XXIII. *Preparation for and Care after Operation.*

(Class and Demonstration) Preparation for operations on various regions of the body as abdomen, chest, etc. Duties required of a nurse in taking a patient to operating room. How to receive a patient from the operating room. Care of and conditions to be noted during the first few hours after operation. Making of surgical bed.

(Laboratory) Practice in demonstration room and supervised practice in the ward.

XXIV-XXV. *Surgical Dressings.*

(Class and Demonstration) Preparation and other materials to be sterilized. Assist-dressing carriage. How to put up solutions and other materials to be sterilized. Assisting with dressings. Clearing up. Care of supplies, wastes, instruments, etc. Application of sterile compresses. Care of drainage bottles and tubing. Changing of P.R.N. dressings.

(Laboratory) Supervised practice in demonstration room and ward.

XXVI-XXVIII. *Nursing Procedures Used in Care of Genito-urinary Conditions.*

(Class and Demonstration) Catheterization, bladder irrigation, instillation, preparation for cystoscopic examination, perineal dressings, etc. Purpose and method of giving. Various types of vaginal douches, including preparation for an intra-uterine douche.

(Laboratory) Setting up of trays in demonstration room. Supervised practice in ward.

XXIX. *Procedures Used in Nursing Care of Eye, Ear, Nose and Throat Conditions.*

(Class and Demonstration) Purpose and method of eye and ear irrigation, hot and cold eye compresses, assistance with paracentesis of ear. General nursing care following operations on the eye, ear, nose and throat.

(Laboratory) Setting up of trays and

practice in demonstration room. Supervised practice in ward.

XXX. *Examination.*

TEACHING METHOD

The method of teaching is much the same as that of the course in elementary nursing, but the student will be more dependent upon the ward for the necessary practice. Supervised practice should be given until the student is conversant with the various steps of the procedure and has enough skill and knowledge to perform the procedures with good results.

ILLUSTRATIVE MATERIAL

Same as under Elementary Nursing. More expensive and complicated equipment would be borrowed from the ward, or students would be taken to the ward for the demonstration. Whenever an exceptional treatment is to be given, a group of students should have the opportunity to observe.

TEXTBOOKS AND REFERENCE MATERIAL  
As in Elementary Nursing.

CATHOLIC HOSPITALS

The bed capacity of all the Sisters' general hospitals in the United States and Canada is more than half the bed capacity of all the hospitals conducted by those of other religious denominations and by lay organizations, as well as by states, cities and counties. The demand is so great for Sisters in hospitals that twice the number of Sisters could well be used in the work now being done. More than 4,000,000 people pass through these general hospitals every year, 70,000 of the medical profession are on their staffs, and about 25,000 lay nurses are receiving instruction in the various nursing schools attached to the Sisters' hospitals while between seven and eight hundred chaplains administer to the spiritual wants of the patients.

—*Hospital Progress*, June, 1925.

HAS THE JOURNAL BEEN OF VALUE  
TO YOU?

If so, join us in celebrating our twenty-fifth birthday. The announcement on page 70 of the advertising section will show you how to express your appreciation in a practical form.

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## DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR  
*Director, Nursing Service, American Red Cross*

### OUR FAR FLUNG BANNER

LETTERS AND reports from remote corners of our own country and from the far corners of the earth flow daily into National Headquarters. To peruse them is a privilege indeed and a pleasure that never stales. Dogged persistence and fine idealism; undaunted courage and professional skill perfected by years of practice, often in fields where the making of bricks without straw is taken as a matter of course; unquenched humor and a spirit of patience and faith that approaches the sublime, glow in the closely written pages. It is human documents such as these from nurses who work and live under the most adverse conditions, often in communities so isolated as to offer literally nothing in the way of congenial social contacts, that furnish the inspiration of our profession. As one nurse recently phrased it: "After all, life holds little else that gives the supreme satisfaction of accomplishing that in which one has absolute faith."

This month we are utilizing this rich mine of inspiration and information for the benefit of *Journal* readers.

### ALASKA AND HER OUTPOSTS

From Alaska comes an interesting account of the work of Mrs. Dorothy Sleichter, Red Cross Public Health Nurse in Fairbanks, who writes most graphically of a recent trip to Rampart, 300 miles distant, where the nearest doctor is 250 miles still further on by dog sledge. A "flu" epidemic was rag-

ing when she arrived, two deaths having already resulted.

It does not require a vivid imagination to picture the warmth of Rampart's welcome.

I felt amply repaid, writes Mrs. Sleichter, for all the dirty roadhouse beds I had slept in on the way (I always carry my own pillow and blankets) and the dirty food I had swallowed by sheer force of will power.

This place was once one of the largest mining centers in Alaska. Today there are only four white families in the town, the rest are all natives,—71 children in all, and all needing care and hygienic instruction. Their eagerness to have the "nurse lady" stay and like them is pathetic. Every one is doing something toward fixing up living quarters for me, even the school children. I will send in a report of work done as soon as possible but after the last of April you will not be likely to hear from me until some time in July, as we are shut off from the world during the breaking up of the ice.

### HOME HYGIENE IN THE FAR NORTH

Another Alaska Public Health Nurse, Mabel LeRoy, stationed at Ketchikan, in a report to Mrs. Isabelle W. Baker, Director of Home Hygiene and Care of the Sick, writes:

During the month of April, I inspected the children of the Bureau of Education School at Saxman,—18 school and 3 pre-school children. This school has had a record of 100 per cent. attendance all winter. They have made improvements in their school house, enlarging the windows, painting all the woodwork and rearranging the seats so that it is much more comfortable and attractive.

I have been very busy with the Home Hygiene course, having organized two classes among the High School girls, one with 13 and one with 9 pupils. We meet in the Guild House of the Episcopal Church. The girls are

given one-fourth credit for this course. Many people have been generous in giving linen and other articles necessary for this work. These will be placed later in the Loan Closet.

#### A TRIBUTE FROM GOVERNOR BONE

That the work of the American Red Cross in Alaska is appreciated is witnessed by the recent letter received at the Pacific Branch Office from Governor Scott C. Bone in conjunction with his appointment of Marie E. Falldine, Red Cross Public Health Nurse of Juneau, as Alaska's representative at the recent Child Welfare Conference in New York. He wrote:

I regard Miss Falldine as especially well equipped to present conditions in Alaska, especially as affecting native children, Indians and Eskimos. In this connection I wish to commend the service she has rendered for some months past. She has accomplished great good and, officially, has been most helpful in acquainting me with conditions.

Miss Falldine has been the Juneau Chapter Red Cross Nurse for over two years and in that space of time has learned to know the natives at first hand and has won their confidence. With this accomplished, aided by the active interest of individual members of the Chapter Board and education leaders, she was able to develop a program of health education which is recognized and praised by government authorities.

Organization of Home Hygiene and Care of the Sick classes throughout the scattered territory covered by Juneau Chapter, all of southeastern Alaska north of the 56th parallel, except Wrangel, has been one of Miss Falldine's greatest aids in teaching mothers the necessity of corrective work among the children. This has resulted, to a

large extent, in parents coöperating, when later school inspections showed that children required the attention of a doctor or a dentist. Dental clinics, tonsillectomies and orthopedic corrections growing out of Miss Falldine's work are gradually raising the health standards among the native Alaskans.

#### FROM RUSSIAN ARMENIA

Extracts from a letter received from Pauline Jordan, a Red Cross Nurse until recently in Russian Armenia with the Near East Relief, are characteristic of the variety of duties nurses in foreign lands are called upon to perform. Incidentally the letter is a revelation of resourcefulness and inexhaustible energy.

My work has included almost everything from operating a cash drawer to writing publicity. In the fall of 1921, however, I was definitely assigned to Severski Barracks, which at that time was a ruin of stone walls without floors or roofs. My first work there was to open two factories of 300 employees, and to outfit 5,000 girls in the orphanage and hospital with mattresses, bedding, clothes, and shoes.

When this was well under way, I opened an academic school for these children, employing eventually 100 teachers. Then came the organization of a school for the blind, which meant training all our own teachers and making all our own equipment and books, as well as a workshop where they made brushes and caned chairs. After the academic school, a trade school was needed for the girls and I wrote out a series of courses, consisting of knitting, plain sewing, tailoring, embroidery and lace making.

To supplement this trade school I organized an agricultural school, with animals, model barns and dairies, and a twenty-eight acre truck farm. In connection with this project I designed and supervised the building of a model village and wrote a program of Home Economics adapted to the local needs. In this village we taught the necessary Armenian

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AMERICAN MEMORIAL DAY, AT THE GRAVEYARD OF BORDEAUX-TALENCE, FRANCE

Admiral Andrews and Sailors from the "Pittsburgh." Pupils of the Florence Nightingale School are shown at the left.

handicrafts, spinning, weaving, dyeing, rug-making, cooking, butter and cheese making, We also gave hygiene lessons and planned for a course in baby welfare.

The hygiene lessons were most interesting, as I was obliged to modify them to suit the Armenian needs. I did quite a little experimental work in this line and hope to go on with it some day.

Miss Jordan is now in this country and expects to take courses next year at Columbia.

#### A REPORT FROM THE CYCLADES ISLANDS

From another nurse, still with the Near East Relief, Jennie M. Ryan, come additional glimpses of the many-sided activities our nurses are carrying on in foreign climes.

Syra is supposed to be one of the most beautiful of the Cyclades Islands. We have very little malaria here and, as you know, malaria is the curse of this country. I have a wonderful building for a hospital, as it was built two years ago when the Near East Relief came here. I have two Greek graduate nurses from the American Hospital in Stamboul and the others are practical helpers. We are teaching practical nursing to two classes of

orphanage helpers and they are of great assistance in the work. Please send some Red Cross posters for the classroom, as I can have them translated into Greek.

Miss Carr is in Corinth fighting malaria with wonderful results. Miss Eddy is in Oropus and is well as usual. Miss Churchill, in Athens, is having a rather trying time of it. Athens is terribly hot in the summer and with the shortage of water it is not too pleasant a place to live in.

The location of Syra is ideal, as the city itself is built on a hill overlooking the sea and our buildings are on the outskirts. The scenery is wonderful, with mountains all around us. It is an overnight trip to Athens, but the small Greek steamers are not overly clean, so during the hot weather we make as few trips as possible.

#### ECHOES FROM BORDEAUX

Doctor Hamilton, directress of the Florence Nightingale School at Bordeaux, is still confined to her room as a result of the accident sustained when she broke her leg some weeks ago. She sends in a most entertaining letter describing the exercises at the School on Memorial Day when the Mayor of Talence made a speech and Admiral



Andrews of the United States Navy participated.

In the parade from Bordeaux to the cemetery of Talence, the nurses of the Florence Nightingale School, marched just behind the veterans. American sailors from the "Pittsburgh," anchored in the harbor, provided the band music. At one time this graveyard contained hundreds of American tombs, but now all but those of three civilians are empty, the bodies having been removed to the United States.

#### MISS MINNIGERODE HONORED

The International Red Cross Committee at Geneva has announced the award of the Florence Nightingale medal to Lucy Minnigerode, of Washington, D. C., Director of the Nursing Service of the United States Public Health Service and one of the pioneers in the American Red Cross Nursing Service.

Miss Minnigerode comes of an old Virginia family, long illustrious in the history of our country. She was educated in private schools and graduated from Bellevue Hospital Training School for Nurses. Her professional experience includes the superintendency of nurses at the Eye and Ear Hospital, Washington, the Savannah (Georgia) Hospital, and the School of Nursing at Columbia Hospital, Washington, D. C.

As an enrolled Red Cross Nurse, Miss Minnigerode was assigned to European duty before the United States entered the World War and was a member of one of the ten units which set sail in September, 1914, on the Mercy Ship. Eventually she was assigned to the Kiev unit and served as supervising nurse in the American Hospital established there

in the Polytechnic Institute, being released in June, 1915. In recognition of her services to Russia she was awarded the Gold Cross of St. Anne.

Coincident with demobilization came the necessity for organizing a nurse corps under the United States Public Health Service to meet the needs of the government hospitals charged with the care of our wounded veterans. Surgeon-General Blue, in 1918, appealed to Miss Noyes for assistance in staffing these institutions. In fulfilling the request it soon became apparent that an executive nurse was a prime requisite in order to develop and supervise the work of such an undertaking and to make a preliminary inspection of hospitals and existing conditions. Miss Noyes suggested the appointment of Miss Minnigerode, who had been peculiarly fitted by her services in the sanitary zones maintained during the war around Army cantonments by the United States Public Health Service, for such a task. Red Cross agreed to provide the salary and travelling expenses incident to such a tour.

Miss Minnigerode's report and recommendations, submitted at the completion of her survey in December, 1918, so impressed the Surgeon-General with her exceptional administrative capacities, that he at once empowered her to organize a nurse corps under the U. S. Public Health Service and to act as its director.

From the original unit of 46, Miss Minnigerode brought the nursing group of this organization up to 2,200, at the same time carrying on the strenuous work of maintaining high nursing standards, developing policies, advising upon necessary regulations for the

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conduct of the hospitals under her administration, and continually recruiting additional nurses. With the taking over of the care of the ex-service men by the United States Veterans' Bureau, 1,440 nurses were absorbed into this branch of the Government, leaving to the corps now assigned to the U. S. Public Health Service, approximately 350.

Miss Minnigerode, in addition to her office as Director of Nursing Service in the United States Public Health Service, is chairman of the Delano Memorial Committee, organized to collect funds for the erection of a monument to the nurses who died in service, and is the representative of the American Nurses' Association on the Joint Congressional Committee.

#### ENROLLMENTS ANNULLED

Enrollments of the following American Red Cross Nurses have been annulled. Appointment cards and badges, however, have not be returned:

Mrs. Mildred Olivia Vail (formerly Mrs. Mudd); Margaret Van Cott; Mrs. Ruth Alice Van Slyke; Mrs. Annie May Voorhees (nee Green); Mrs. Harold Vose (nee Elizabeth Lydia Coleman); Alice Marie Waffle; Ambeline Margaret Wallace; Laura Margaret Williamson; Cecile Adelaide Wallinger; Myrtle Warg; Mary F. Weaver; Hazel Margaret Weirick; Blanche E. Welsh; Mrs. Ernest (nee Ruby Amanda Wilson); Ella M. Wesenberg; Mrs. Josephine H. West-Lowes (nee Kephart); Matilda R. Wexler; Mrs. M. Florence White (nee Gorman); Mary C. White; Mrs. Florence Eva Wigglund (nee Cochrane); Mrs. May Jean Wilbur; Elizabeth Talbot Wiley; Anna Mildred Williams; Elizabeth R. Williams; Clares M. Wilson; Louise Wright; Mrs. Carrie Yantis (nee Daugherty); Pearl Jeannette Yates; Frances Yeamans; Mrs. Anna B. Young (nee Spain); Mrs. Laura

Catharine Young; Ada Bertha Bethel; Mrs. E. Clayton Boshier (nee Dessie G. Phelps); Eula Groenier Christian; Mrs. Ethlyn Grace Colman; Mary Ellen Davidson; Mrs. R. L. Garrett (nee Catherine C. Crowley); Florence Agnes Gates; Harriet Calista Goss; Mrs. Jane I. Graham (nee Sutherin); Marion Grant; Mrs. E. L. Guyer (nee Edna Ford); Marjorie Hall; Caroline Hamilton; Mrs. William Hanna (nee Katherine Von Bradt); Mrs. Margaret Hartnett (nee Gaskin); Mrs. W. F. Hartzog (nee Emmie Nicholson Gaines); Christine Louise Hedges; Maudelle H. Hicks; Sarah Elizabeth Hillier; Ruth Vivian Hodges; Mrs. Nettie Theodosia Honaker (nee Perry); Isla May Hopper; Minnie Alice Hudson; Ruth Hurley; Helena May Archer; Mary Elizabeth Arthur; Zilpha Bartlett; Doris Bauwens; Frances Berger; Cecelia Bigler; Ethel M. Brown; Emma Sidney Buford; Mrs. R. W. Cahoon (nee Johnsie Marie Aldridge); Annie Mahon Cameron; Anna Josephine Cavanagh; Catherine Mary Cavanagh; Mrs. Ethel Louella Clark; Mary J. Connor; Marianne Conway; Ehren Cook; Mrs. A. W. Cook (nee L. Josephine Watts); Anna Marie Curran; Mabel Fort DeBaum; Katherine W. Dotts; Mrs. Charles J. Duber (nee Mary M. McDonld); Vera Vivian Dunkle; Emma Elisabeth Eckfeld; Bashie Louise Farmer; Elizabeth Fletcher Fitzlee; Katherine Evelyn Flanigan and Mrs. Mae Frazier Foster.

#### TUBERCULOSIS—A LOSING ENEMY

A generation ago it was tuberculosis which led all causes of death, sickness, poverty; which claimed the breadwinner in the years when his support was most necessary; which took the mother of the family, and left young children to the mercy of circumstances, and relatives; which bent the bones of these children, or started in childhood an infection that flared up later under the strain of the teens and the twenties to kill by "galloping consumption" or "lung fever."

Tuberculosis has fallen from first to sixth in the list of causes of death; conservative physicians promise that within fifty years it will cease to be a serious factor in mortality.

Haven Emerson, M.D., in *Bulletin of the National Tuberculosis Association*.

## STUDENT NURSES' PAGE

## ALPHA ALPHA PI: A NURSING FRATERNITY

BY HAZELLE E. BAIRD

*School of Nursing and Health, University of Cincinnati, Cincinnati, Ohio*

THE SCHOOL of nursing as a department of a university is a relatively new development. With it have come new needs, new ambitions, and new opportunities. The young woman of today interested in the nursing profession no longer must choose between a college education and a training school; she may have both at once. The correlation of the two has been no easy task and it is yet far from the goal set for it by leaders in both nursing and liberal education. The demands upon the student nurse's time and energy are not the same as those affecting the student of arts, education, law, medicine or engineering. More often than not there is a physical distance to bridge, for only recently have teaching hospitals been built on or near the university campus.

The result is this: After choosing her profession and selecting a school that is an integral part of a university of good standing, the student still finds something lacking. There is much to college education besides the matter learned in the classroom. Theoretically all doors are open to students in every department,—athletics, music, art, drama, social circles. But while the doors may be open, the steps are very hard to climb, and the person on the street below does not feel as welcome as does the neighbor who can run in informally at the side entrance. This handicap is common to all off-campus groups.

It was partly in answer to this problem that sentiment grew in favor of a nursing fraternity among the students and faculty of the School of Nursing and Health, University of Cincinnati. One of the objects of the Alpha Alpha Pi Fraternity is the furthering of student activities within the School of Nursing and the encouragement of participation in all university undertakings.

A need for higher scholarship was felt. Recently a patient remarked that she wanted her daughter to be a nurse, "because she never was any good at books, but is right clever with her hands." Nurses need to be "right clever" with their hands, but rather stiff courses in science are necessary to give an intelligent basis for even the commonplace back rub. The scholastic standard of Alpha Alpha Pi is an average of "B" in both class and practical work.

A third need keenly felt by students, and acknowledged even by persons outside of the nursing profession, has been that of a bond, a contact, between the various university schools of nursing throughout the country. Each is developing independently, but each might profit by a knowledge of the others' problems and mode of solution. This is why the Alpha Alpha Pi Fraternity was from the first organized on a national basis with the hope that in time a chapter may be found in every university school of nursing and that it

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may fulfill the purpose of its organization, that of "promoting the ideals and interests of the nursing profession, raising standards of scholarship, furthering student activities, establishing con-

nections between colleges and universities maintaining nursing departments and bringing about a closer fellowship among members of the nursing profession."

#### OUR CONTRIBUTORS

**Charlotte Johnson, A.B., R.N.**, is one of the women who are making a real contribution to communicable disease nursing, through her work at the Durand Hospital, Chicago. She wrote "The Control of Measles," which appeared in the March *Journal*.

**Elinor Gregg, R.N.**, worked with the Indians on Rosebud Reservation before becoming Supervisor of Field Nurses and Field Matrons in the Office of Indian Affairs of the Department of the Interior at Washington. She is a graduate of the Waltham Training School, Waltham, Mass., and she has had postgraduate work at Massachusetts General Hospital and at Simmons College. She has had a varied experience in both institutional and public health work.

It is diverting and illuminating to find that the author of *The Need for Play*, **Allan Hoben, Ph.D.**, is a college president. Kalamazoo College, Kalamazoo, Michigan, has the distinction of claiming him.

Hydrotherapy as practiced at the Battle Creek Sanitarium is an art. **Mrs. Virginia Dryden, R.N.**, is a graduate of the school

of nursing and is supervisor and instructor in Hydrotherapy and Bandaging.

The Practical Bed Roller is described by **Marie Baurle, R.N.**, graduate of the Children's Hospital, Boston, Mass., Postgraduate of Teachers College, New York, and Superintendent of Nurses at the New York Orthopaedic Dispensary and Hospital.

**Virginia P. Gibbs, R.N.**, who has long been known to *Journal* readers, is a county nurse in Georgia.

**Mary E. Gladwin, Ph.B., R.N., LL.D.**, is educational director of the State Board of Nurse Examiners of Minnesota. (See *Our Contributors*, October, 1923.)

**Camilla M. Van Pelt, R.N.**, who gives a pleasant glimpse of the Nurses' House at Babylon, is a graduate of the Army School of Nursing and has done both public health and private duty work, in addition to a term of service at the Walter Reed Hospital.

The editorial tribute to Miss Strong was written by Katharine Faville, of West Virginia, who did it as a service to Miss Strong, but "tears came faster than words; words seem such inadequate things, after all."

#### INSTRUCTIONS FOR A LADY'S DRESS

Let simplicity be your white, and chastity your vermilion; dress your eyebrows with modesty; and your lips with reservedness. Let instruction be your earrings and a ruby cross the front-pin of your head. Employ your hands with housewifery and keep your feet within your own doors. Let your garments be made with the silk of probity and the fine linen of sanctity, and the purple of chastity.

—TERTULLIAN.

## LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

MISS ANNE H. STRONG

DEAR EDITOR: That Miss Strong's death has stunned the nursing world, seems hardly necessary to state. We have lost one of our pioneers in public health nursing and her death is a loss we shall feel more keenly as the years roll on. As a student taking the course in Public Health Nursing, at Simmons College, Boston, I was, to her, only a spoke (and a troublesome spoke at times) in the great wheel of nurses taking the postgraduate course. But to me she was a beloved friend, counsellor, and helper, and I sincerely feel that in her death I have lost one of my best friends. The time seems fitting to give a few personal reminiscences.

Sometimes she would enter the classroom put down her books, and then survey us all, as she waited several minutes before speaking. We used to wonder why she did this. One time, while she and I were talking, she told me that her reason was to determine the mental receptive attitude of her class for that day, and also, by this silence, to better sharpen the wits of those who appeared tired and uninterested after a hard day's work. Hers was the mind of a great teacher. Again, when discussing a personal problem with her, and my unfavorable reaction to the same, she said: "Learn to capitalize your sufferings, in order that you may be better able to help others." Yet another time, while discussing an altercation I had had with a teacher, in a case where I felt I was right, she said: "Learn, no matter whether you are right, or wrong, to save other people's faces. You, yourself, may never know their gratefulness because you have done this, but it may help them to have a more benevolent attitude towards others in the same predicament." These things have impressed me more than anything else she said, for they portrayed to me a woman who had struck at the root of the common understanding of humanity. In her Directorship at Simmons College, she saw her duty clearly, both in teaching, and in the public health problems of the world. In these duties, no matter what obstacles arose, she conquered,

never flinching, instead, surmounting them, and so "carrying on." Yet with all these arduous duties she never, for a moment, forgot the personal touch and follow-up of her pupils. Whether she fully realized or not, this valuable asset, we, who have come under her care and teaching, know how much it meant to us. I, for one, and I know there are many others who will agree, feel that we are better able to carry on our work because of her never failing hand of help, that held the lamp to lighten the various paths before us.

New York

C. M. L. H.

#### THE GOLDEN JUBILEE OF THE NEW YORK CITY HOSPITAL TRAINING SCHOOL

DEAR EDITOR: Fifty years ago, a courageous little group of twenty women went to Charity Hospital on Blackwell's Island, New York City, as the first student nurses of that institution, living in the wards of the hospital, laboring long hours, receiving little theoretical instruction, persevering through many physical hardships, and performing their work without much of the equipment that is considered essential today. From that beginning has grown the present School of Nursing of the City Hospital, and to mark the passing of the half century mark, a golden jubilee was held June 1 to 4, under the auspices of the Alumnae Association of the school and with the coöperation and assistance of the school and hospital staffs. Alumnae came from as far away as California to be present,—an unmistakable indication of the loyalty and reverence of its graduates toward their Alma Mater. Telegrams and cablegrams from this country, Canada, and Europe, conveyed the good wishes and congratulations of those unable to attend, while a further mark of good will was shown by the number of doctors, formerly associated with the hospital and the school, who remembered the occasion in one way or another. The celebration was divided into four programs which covered the four days. The first day was marked by a



meeting at the Town Hall which was attended, not only by graduates of the school, but by the student body, and by delegations from many other schools in the city. Addresses by Dr. Orrin S. Wightman, President of the Medical Board of the Hospital, Mrs. Cadwalader Jones, Chairman of the Advisory Board of the School, and Homer Folks, formerly Commissioner of Public Welfare of New York, were concerned chiefly with the history of the school and reminiscences of the past. The second day was taken up with an all day reception and homecoming at the Island. Informal meetings of classes and individuals, and general attempts to turn back the hands of time, caused the hours to fly by all too quickly. Many photographs of groups and especially of children of the graduates were taken. Refreshments were served in the drawing room and a brief program was staged late in the afternoon, including reminiscences by members of several classes and a very clever song, written and sung by two members of the 1925 class,—one dressed as a student of 1875. A banquet at The Commodore was scheduled for the third day and was a joyful, colorful, and musical success. Mrs. Florence S. E. Knapp, Secretary of State of the State of New York, and Major Louis Livingston Seaman, Chief of Staff of City Hospital, 1881-1886, were guests of honor and speakers of the evening. Mary A. Land, Superintendent of the Mount Vernon Hospital, President of the Alumnae Association, presided. One of the most enjoyable features of the evening was the singing of class and school songs with the assistance of a most capable cheer leader from Columbia University who had volunteered her services. The fourth day was marked by the commencement exercises for the 1925 class,—twenty-eight graduates. Dr. Chas. B. Bacon, Medical Superintendent of the Hospital, presided. Three brief addresses were delivered by ministers of three different faiths. Marian Durell, Acting Principal, herself a member of the class of 1921, read the annual report and Mrs. Cadwalader Jones administered to the graduates her own version of the Hippocratic oath, an annual custom originated by Mrs. Jones and performed by her for many years.

The expenses of the Jubilee were covered by funds previously raised among the alumnae

for that purpose. A special number of *The Alumnae Journal*, the official publication of the Alumnae Association, is being issued as a permanent record and souvenir of the occasion.

New York      ELIZABETH WOOTTEN ROE.

#### THE WHITE TRIANGLE CLUB

DEAR EDITOR: The White Triangle Club of the Litchfield County Hospital School for Nurses was organized in the fall of 1923. Those eligible for membership are the pupil nurses, faculty of the hospital, and the alumnae. The purpose of the Club is three-fold: 1. Hospital Service; 2. Cultural Purposes; 3. To promote a spirit of goodfellowship among the nurses. The meetings are held twice a month. The dues are 10 cents each meeting. After the business meeting, current event topics are discussed and the latest plays and books are read. Following every other meeting is a social. The Club has been very successful financially. Plays, minstrels, card parties, and dances are given to raise money for the treasury. A student nurse is sent to attend the national convention. Money is sent to affiliating nurses to attend a theatre or opera while they are away. A building fund has been started for the addition of a children's wing to the hospital. There is a Flower Committee which sees that nurses who are ill receive fresh flowers during their illness. The Publicity Committee, besides its regular duties, sees that each nurse is in her place on club meeting night and the Program Committee arranges the program for the Club activities during the year. There is a spirit of oneness in the Club that makes each member want to do her share and also this spirit radiates into her work when on duty. However, the Club has never yet come first or detracted from duties and studies; it has had an inspiring influence to do bigger and better things. We, members of the White Triangle Club, wish other hospitals had such an organization in their institutions.

Conn.

M. DE G.

#### ANOTHER NURSING FRATERNITY

DEAR EDITOR: For something over a year now we have been working on an organization to be known as Theta Delta Phi, Honorary Fraternity for Nurses. The idea

was born in the mind of a college student who is very much interested in the high standards of the nursing profession. I helped him to formulate the plans, then we organized with sixteen nurses. Our eight recent graduates are all pledge members to Theta Delta Phi, Student Branch. Only the highest type of nurses can become members of this fraternity, so with this high standard to start with, we feel that eventually it will become of great international worth. We have selected for our official organ, *The American Journal of Nursing*. The fraternity requires that its members read and keep up with the nursing profession as well as outside interests.

Alabama

I. S. I.

#### THE CENTRAL SCHOOL OF NURSING, UTICA, N. Y.

**D**EAR EDITOR: The Faxton, Utica Homeopathic, and Utica State hospitals make up the Utica Central School. This means that the preliminary classes of the three schools meet each day in its study rooms at the Utica Free Academy. The governing board is made up of representatives of each school. An auxiliary of lay women was organized to bring the needs of the school before the community and to help meet them. It is composed of about thirty women who have already provided clerical assistance for the Educational Director. During the first semester this past year, there were thirty-six students; and during the second, twenty. Instruction is given in Anatomy and Physiology, Bacteriology, Drugs and Solutions, Ethics, History of Nursing, Nursing Principles, Personal Hygiene, and Hospital House-keeping. One hour is taken for a demonstration and two hours of practice are given each nurse. The three schools assist in the demonstrations. Miss Krantz of the State Hospital gives the course in bandaging. The three dietitians give the course in Nutrition and Cookery. Each week the three Superintendents meet with the Director to go over the demonstrations for the coming week, and for discussion. The schools have also united in lectures for the Intermediate and Senior classes; and in recreations, such as gymnasium, basket ball, and swimming.

New York

M. E. M.

#### POSTGRADUATE COURSES

**D**EAR EDITOR: I wish some of the nurses of the southern states who have taken postgraduate courses would tell of their experiences. I have recently finished a course in a northern city, and except that it adds a little prestige, I feel that it was of small benefit. I have been a private duty nurse for ten years and when I nursed in a hospital, I would feel a little rusty. I finally saved enough so that I could spare the time and the loss of income for a three months' course. It seemed to me we had an excess of maid and probationer work. Wherever placed, the postgraduates did the same work any staff nurse would do in the same place; but when on night duty, we were not allowed hours off until midnight, as were the staff nurses, and the week we came off duty we were not allowed the weekly afternoon off. To postgraduate nurses coming from country towns, to be tied up like that, one month out of three, seemed very hard for those who were conscientious and who would not steal time to go about in the daytime. We knew already how to carry bed pans, make beds, scrub tables, and dust. We wanted to learn new things or how to do the old ones better. Would one get more out of a nurses' institute? How much does it cost? How long do they last? Will some who have taken postgraduate work and who have also attended institutes give their honest opinion of their worth?

AN EX-POSTGRADUATE.

#### JOURNALS WANTED

Katherine Dougherty, Minneapolis General Hospital, Minneapolis, Minn., desires the following numbers of the *Journal*: 1912, February, Mary, May; 1914, October, December; 1915, January; 1916, February; 1917, September.

#### JOURNALS ON HAND

Miss Dougherty (address given above) has the following issues to give away: 1908, February and June; 1909, November; 1912, January, July, September; 1914, March, May, November; 1916, November; 1917, August; 1919, January and August; 1923, from March to December inclusive.

Rebecca B. Nicoll, Chesapeake City, Md., will send for the postage, all numbers of 1924.

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Edith Robbins, Millard Filmore Hospital, Buffalo, N. Y., will send, if postage is paid, the following: 1916, April, June, October, December; 1919, October, November, December; 1920, January, February, March, May, November, December; 1921, March through December; 1922, January, April, July August, September, November; 1924, October.

Agnes G. Deans, Director, American Nurses' Association, 370 Seventh Avenue, New York, will send for postage charges the following: Volume 12, two volumes, except one May and one November; Vol. 13, complete; 1914, Octo-

ber through December; 1915, July through September; 1918, October through December; Vol. 16, except October; Vol. 19, through September; 1921, January, March, August, October through December; 1922, except August and September.

#### AN URGENT REQUEST

Please do not, through mistaken kindness, send old copies of the *Journal* to either the New York or the Rochester office. There is no storage room in either place, and it is impossible to keep on hand files of old magazines.

#### QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

10. Could you tell me where I could find any information regarding the use of music in the medical or nursing profession?

D. S. C.

11. If a nurse is called on a case where the patient has an osteopathic physician, a fact not known to her before her arrival, would she be justified in leaving the case? L. A. S.

#### HOW THE COTTAGE HOSPITAL, SANTA BARBARA, MET THE EARTHQUAKE

"Hospitals in the future may have quake drill as ships have fire drill, but the crew of the Cottage Hospital needed no such drill. When the earthquake came, the forty nurses were at breakfast and at once—without delaying for orders from the nine supervisors—each one went to the patients she had just been nursing, as promptly and simply and courageously as if it had been part of her routine training. These girls carried out the patients, many of whom were helpless and some of whom were heavy men, and not till afterwards did they realize how strained their backs and arms felt. They did not realize how all-important their courageous work was to prove, since it left them ready to deal with the patients who were rushed down from the St. Francis Hospital, which was wrecked. The atmosphere of cheerful helpfulness did almost as much as medical aid to restore

shattered nerves. Some were treated and sent home, and the others were taken in and cared for. The shocks continued, but the skill and courage of the doctors and nurses rose to the occasion. The diet kitchen, in spite of the absence of gas, succeeded in cooking hot meals, thus saving both health and nerves. The twenty-one employees of the hospital never deserted their posts for a minute and so helped in the general atmosphere of courage. Those who made possible the building of the Santa Barbara Cottage Hospital and who had seen to it that the hospital lacked nothing that money and care could provide in its construction, must be proud today that their money and care had provided a building strong enough to withstand the shocks and thus was able to give the most essential service to the community."—From an account written by AMY CRYAN of Mills College.

## "THE NURSE QUESTION"

### THEY SAY THAT:—

1. The cost of training the student nurse is increasing yearly; it costs too much today to train the nurse.

2. The entrance requirements set by the state nurse practice laws are too high; the one year high school requirement shuts out too many desirable applicants.

3. There is too much theory in the training of the student nurse; she is trained to be a "near-doctor" or "super-nurse."

### WE SAY THAT:—

1. The community has not accepted its responsibility in the preparation of the nurses it needs. That is why the cost of this preparation is improperly estimated, why it is improperly placed, why it is improperly met. That is why, in the majority of our nurse training schools, the sick patient and the student nurse carry the heavy burden of cost.

A goodly share of every tax dollar goes for schools. Educational opportunities are provided for the teacher, the doctor, the farmer, for many groups essential to the community. The nurse, one of the most important community assets is, except in a few rare instances, unprovided for. As a result, the hospital with its primary function of caring for the sick has accepted as a secondary function, the training of the nurse. Without special funds for this educational work, the private patient through his fees, and the student nurse through her labor, must aid the hospital in balancing its budget.

As soon as a hospital has more than fifteen beds, there is usually an effort to establish a nurse training school; not primarily for the purpose of serving the community, but in order to obtain inexpensive labor. The startling and unenviable result,—1,800 nurse training schools, accounts for the nurse practice laws which the nursing profession has sponsored in order to protect the community against poor nursing (laws which the community commonly criticizes).

The cost of educating the nurse, far from being too great at the present time, is not great enough. Apprenticeship is necessary in

the nurse's training, but too often this has come to mean exploitation. The average educational institution asks, "What is there in this school of value to the student?" The average hospital asks, "What is there in the student nurse of value to us?"

2. Is there anywhere any kind of school or profession or business whose entrance requirements do not shut out a certain number of desirable applicants? Why should nursing, where frequently human life depends on the intelligence and judgment of the individual nurse, be the exception?

In the business world, the tendency is more and more to demand full high school for positions requiring judgment, intelligence, accuracy. Does the need for these qualities in the care of sick persons compare unfavorably with the needs in the commercial world?

The number of girls entering high school today has increased enormously over the number, one or two decades ago. The increase in elementary school enrollment in 1924, over that of 1922, was 1.6 per cent., but the increase in high school enrollment was 17.7 per cent. With the improved standard of education among the general population, the majority of young women with ambition and intelligence secure at least one year of high school training.

3. In the 28-months' course which is standard in a number of states and which meets the recommendations of the Winslow-Goldmark report, there is an average of 400 hours of theory. Spreading 400 hours over 26 months (allowing 2 months for vacation) leaves 15½ hours to be given monthly, or less than 4 hours a week. Compare this with the 48 hours of service given by the student weekly, which is the minimum in the schools with the eight-hour day; compare this number of hours of theory with any other educational effort.

The curriculum has been built up, point by point, in response to felt needs—the underlying motive has constantly been to train the nurse to meet community needs. If "too much specialization" has crept in, it is because of this trend in medicine for nursing invariably follows medicine.

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## NURSING NEWS AND ANNOUNCEMENTS

[To Contributors: The *Journal* is grateful to all those who take pains to send in items of importance which are of interest to the whole country. It is especially grateful to those who send their items typed and double spaced. When items are written by hand, they should be plainly written with no doubt as to proper names. Newspaper clippings should have the date attached.]

### THE AMERICAN NURSES' ASSOCIATION

It will be of interest to members to learn that Lillian L. White, of Oakland, California, has been appointed a Field Secretary for the American Nurses' Association. Miss White was formerly the Director of the Nursing Service of the Pacific Division of the American Red Cross; so she is familiar with the aims of the organization and with the work which it desires to do among and for its unit associations. Miss White's work will be chiefly in the western part of the country and she brings to it a keen knowledge of the conditions and the people whom she will meet in carrying on the work of the Association.

Miss White will assume her duties on September 1st and will come to the New York office for a short time before going into the field.

### NURSES' RELIEF FUND

#### REPORT FOR JUNE, 1925

Balance on hand, May 29, 1925--	\$20,090.27
Interest on bonds-----	979.14
Interest on bank balances-----	181.22

#### Receipts

Delaware: State Association of Graduate Nurses-----	31.00
Illinois: First Dist. Assn., \$10; one individual, \$1-----	11.00
Indiana: St. Mary's Alum. Assn., Evansville, \$10; individual member, \$1-----	11.00
Iowa: Dist. 2, \$21; Dist. 7, \$54----	75.00
Kentucky: Good Samaritan Alum. Assn., Lexington, \$10; Speers Memorial Hosp. Alum. Assn., Dayton, \$10-----	20.00
Louisiana: Touro Infirmary Alum. Assn., New Orleans-----	10.00
Massachusetts: Norfolk and Suffolk County Assn.-----	20.00

Michigan: Dist. 1, \$10; Dist. 2, \$77; Dist. 8, \$36; Dist. 9, \$21.35; Dist. 11, \$54.50; St. Joseph's Dist., \$22.50-----	221.35
Nebraska: Paxton Memorial Alum. Assn.-----	5.00
New Hampshire: Hillsboro County Hosp. Alum. Assn.-----	20.00
New Jersey: Dist. 1—Newark City Hosp. Alum. Assn., \$10; Orange Memorial Hosp. Alum. Assn., \$2; St. Barnabas Hosp. Alum. Assn., \$20; Dist. 2, individual members, \$18-----	50.00
New York: Dist. 2, collection at annual meeting and 6 individual members, \$24.25; Dist. 9, Glens Falls Hosp. Nurses' Alum. Assn., \$25; Dist. 13, one individual, \$10; 7 members of Suydenham Hosp. Nurses' Alum., \$7-----	66.25
Washington: Spokane Dist., \$124; Aberdeen Dist., \$22; Walla Walla Dist., \$35-----	181.00
Wisconsin: Dist. 7, \$35; Dist. 9, \$5; individual member, 50 cents-----	40.50
Total receipts-----	\$22,012.73

#### Disbursements

Paid to 70 applicants-----	\$1,060.00
Office supplies-----	6.10
Exchange on checks for June-----	1.18
Check contributed from Wisconsin, returned by bank, "account closed"	2.00
Int. received on American Nurses' Assn. Nurses' Relief Fund Savings Acct., left in that account-----	12.79
Total disbursements-----	1,082.07
Balance on hand, June 30, 1925--	\$20,930.66
Invested funds-----	83,531.14
Balance in American Nurses' Association Nurses' Relief Fund savings account-----	5,037.89
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	\$109,499.69



All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Director at the same address. For application blanks for beneficiaries, and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

#### THE ISABEL HAMPTON ROBB MEMORIAL FUND

REPORT TO JULY 9, 1925

Previously acknowledged ----- \$29,924.00

##### Receipts

Arkansas: District 1-----	5.00
California: Fresno County Nurses' Assn. -----	10.00
Iowa: Mercy Hospital Alum., Davenport -----	5.00
Massachusetts: Mass. State Nurses' Assn., \$54.94; Lawrence General Hosp. Alum., Lawrence, \$10.-----	64.94
New Hampshire: State Graduate Nurses' Assn. -----	5.00
New Jersey: Bridgeton Hosp. Nurses' Alum. -----	5.00
New York: Dist. 6 -----	10.00
Rhode Island: Rhode Island Hosp. Nurses' Club -----	10.00
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	\$30,038.94

#### THE MCISAAC LOAN FUND

REPORT TO JULY 9, 1925

Balance ----- \$131.84

##### Receipts

Arkansas: Dist. 1 -----	5.00
California: Fresno County Nurses' Assn. -----	10.00
Iowa: Mercy Hospital Nurses' Alum., Davenport -----	10.00
Massachusetts: State Nurses' Assn., \$54.95; Lawrence General Hospital Alum., \$10 -----	64.95

New Hampshire: Graduate Nurses' Assn. -----	5.00
New York: Dist. 6-----	5.00

Balance ----- \$231.79

MARY M. RIDDLE, *Treasurer.*

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

#### ARMY NURSE CORPS

During the month of June, 1925, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Fitzsimons General Hospital, Denver, Col., 2nd Lieut. Catherine I. Duffey; to Station Hospital, Fort Leavenworth, Kansas, 2nd Lieuts. Clara Swenson, Katharine V. Young; to Station Hospital, Camp Lewis, Wash., 2nd Lieut. Winifred Rothrock; to Station Hospital, Fort Monroe, Va., 2nd Lieuts. Clara E. Hicks, Jane M. Gallagher; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Zora M. Ballard, Mary L. Carney, Dorothy Proske, Betty L. Stevenson, Sara Iola Stevenson; to Station Hospital, Fort Totten, N. Y., 2nd Lieut. Florence I. Lee; to William Beaumont General Hospital, El Paso, Tex., 2nd Lieut. Sara H. Hammond; to Walter Reed General Hospital, Wash., D. C., 2nd Lieut. Elinor Shirley; to the Philippine Department, 2nd Lieuts. Anna L. Alexander, Jeannette Blech, Taletta Haraldson, Ella M. Miller, Marguerite M. Vizner.

Orders have been issued for the separation from the service of the following named: 1st Lieut. Margaret Knierim; 2d Lieuts. Helen J. Brosch, May Dixon, Mary Durkin, Cora A. Fomby, Nola G. Forrest, Alda M. Gage, Jennie V. Hartwell, Mary L. Hatch, Lulu G. Hatfield, Mary R. Henry, Kathryn Hopkins, Ida LaPorte, Maude H. Littleton, E. Juanita McElroy, Beulah V. McCrabb, Persis McClure, Annie L. MacDonnell, Jeannette McGroarty, Hartie Mickel, Phoebe Nelson, Sara O'Connor, May F. Richert, Elizabeth I. Sanderson, Kathryn Schnepf, Bridget F. Silva, Doris E. Thompson, Ethel M. Turpin, Irene Watson, Theresa M. Wittmann.

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Thirteen have been admitted to the Corps as 2nd Lieuts. and assigned to stations.

JULIA C. STIMSON,  
Major, Supt., Army Nurse Corps.

#### NAVY NURSE CORPS

During the month of June, 1925, three nurses were appointed and assigned to duty in Naval Hospitals.

*Transfers:* To Annapolis, Md., Louisa E. Langstaff, Barbara F. Egenreider; to Chelsea, Mass., Myrtle A. Kniffin; to Mare Island, Calif., Mary L. Kelley; to New York, N. Y., Minnie C. Pipher; to Newport, R. I., Mary D. Walton; to Norfolk, Va., Georgianna Rennie, Catherine A. McNelis; to Parris Island, S. C., Rosemary E. Lenehan; to Portsmouth, Va., Marie J. Kane; to Puget Sound, Wash., Ada M. Pendleton, Chief Nurse; to San Diego, Calif., Grace A. Bidgood, Mary F. Touhy; to St. Thomas, V. I., Mary D. Towse.

*Honorable Discharge:* Caroline M. Thompson.

*Resignations:* Norma Massey, Bess L. Bradley.

J. BEATRICE BOWMAN,  
Superintendent, Navy Nurse Corps.

#### U. S. PUBLIC HEALTH SERVICE

The following transfers, reinstatements and new assignments have been made in the U. S. Public Health Service during the month of June, 1925:

*Transfers:* Helen Spruill, Anna C. Parker, to Chicago, Ill.; Adele Casey, to St. Louis, Mo.; Cora Miller, to Cleveland, O.; Ruth Kilgore, Irene Brown, Alice Brice, Adele Saltzman, to Detroit, Mich.; Margaret Rowan, to Norfolk, Va.; Theo Williamson, to Evansville, Ind.; Minnie Swetman, to Key West, Fla.; Hazel Cupit, Laura McLaird, to New Orleans, La.; Katherine G. Curtis, to Stapleton, N. Y.; Allie Magoon, to Quarantine, La.; Henrietta Robinson, Josephine Daley, to Ellis Island, N. Y.; Freda Stilli, to Philadelphia, Pa., for temporary duty.

*Reinstatements:* Lucy Jeffery Leedy, to Baltimore, Md.; Josephine Vandergon, to Port Townsend, Wash.; Anna Davis, to Stapleton, N. Y.; Mary Evans Walker, to Ellis Island.

*New Assignments:* Fourteen.

LUCY MINNIGERODE,  
Superintendent of Nurses, U.S.P.H.S.

#### UNITED STATES VETERANS' BUREAU NURSING SERVICE

##### REPORT FOR THE MONTH OF JUNE

*Assignments:* Hospital Service, 71.

*Assignments:* District Medical Service, none.

*Transfers:* To Augusta, Ga., Mrs. Lila H. Henneberry, Clara I. Welt; to Whipple Barracks, Ariz., Marion H. Echternach; to Ft. Bayard, N. M., Mabel Alexander; to Little Rock, Ark., Mrs. Barbara F. Carr; to Ft. Thomas, Ky., Mary A. Redmond; to San Antonio, Texas, Marguerite Berwick; to Northampton, Mass., Bertha Eastland; to Livermore, Calif., Anna M. Diefenthaler; to Palo Alto, Calif., Marie W. Sidley, Tyra J. Cedergren; to Legion, Texas, Minnie L. Blake; to Alexandria, La., Cora E. Lail; to Ft. Lyon, Colo., Ora Bruchmuller, Beatrice V. Campbell; to St. Paul, Minn., Kathleen V. Dorsey; to Maywood, Ill., Clara Gustafson; to Cincinnati, O., Nellie B. Hughes.

*Reinstatements:* Winifred Bush, Ethel E. Friedman, Maude B. Parker and LuGene Clark.

MARY A. HICKEY,  
Superintendent.

The World Federation of Educational Associations held its biennial meeting in Edinburgh, Scotland, July 20-28. Sally Lucas Jean, until very recently identified with the American Child Health Association, was Secretary of the meeting on Health Education. The topic, Present Status of School Health Programs Throughout the World, was discussed.

#### A RESIGNATION

After serving for six years as editor of the *Modern Hospital*, Joseph J. Weber has resigned to become director of Grace Hospital, New Haven, Conn.

**Arkansas:** At a recent meeting of the ARKANSAS STATE BOARD OF NURSE EXAMINERS, Dr. Walter Eberle, Fort Smith, was reelected president; and Ruth Riley, Fayetteville, secretary.

**California:** THE CALIFORNIA STATE ORGANIZATIONS OF NURSES met for their annual conventions in Santa Cruz, a beautiful beach city, on the Pacific Ocean, June 1-4. On June 5, the California State Organization for

Public Health Nursing in coöperation with the Department of Physical Education, State Board of Education, held an interesting and instructive Conference for School Nurses. Among the speakers were Herbert R. Stolz, M.D., Supervisor, Department of Physical Education; Elnora Thomson, American Child Health Association and W. P. Shepard, M.D., Director of Health Education, Berkeley City Schools. The 1925 Conventions were well attended, one hundred and nineteen delegates registering for the State Association, every district being represented. S. Gotea Dozier, San Francisco, was elected President for the California State Nurses' Association and D. Dean Urch, San Francisco, President of the State League of Nursing Education. An outstanding feature of the Convention was the report of the committee on the use of the unexpended funds of the Bureau of Registration of Nurses. A bill granting to the Regents of the University of California \$70,000.00 from the fund to be held in trust for the establishment and maintenance of a professorship of nursing education at the University of California, passed both houses of the Legislature and was signed by the Governor a few days before the opening of the State Conventions.

**Colorado: Denver.**—THE CHILDREN'S HOSPITAL held graduating exercises for a class of nine, on June 10, in the Recreation Room. Addresses were given by Mrs. Lafayette Hughes and by Dr. Cuthbert Powell. The diplomas were awarded by Mrs. Oca Cushman, the Superintendent; the pins, by E. Luella Morrison, Superintendent of Nurses. A reception and dancing followed. St. JOSEPH'S HOSPITAL held its annual commencement for a class of thirty, on June 18, at the Woman's Club Building.

**Connecticut: Hartford.**—Frances M. Morrissey, class of 1924, St. Francis' Hospital, has resigned as instructor at St. Elizabeth's Hospital, Elizabeth, N. J.; she is succeeded by Helen N. Hannon, class of 1925. Miss Morrissey will do private duty nursing in New Britain. **Waterbury.**—The graduating exercises of St. MARY'S HOSPITAL SCHOOL OF NURSING were held June 3, twenty-three members in the class. Exercises were held in the Hospital Chapel with reception in the class

rooms. The address to the class was given by Rt. Rev. Maurice McAuliffe, of Hartford.

**Delaware:** The spring meeting of the DELAWARE STATE ASSOCIATION OF GRADUATE NURSES was held at "Rivercroft," the home of Mrs. Allen Speakman, of Claymont, on June 18. The business meeting was followed by a very delicious supper served by Mrs. Speakman. After the supper, Martha Trace, Executive Secretary of the Y. W. C. A., brought greetings from that organization and told of its activities and aims.

**Illinois: Chicago.**—The commencement festivities of the WESLEY MEMORIAL SCHOOL OF NURSING were opened by the alumnae banquet at the Woman's Athletic Club on June 10. There followed the presentation of pins in the Hospital solarium on June 13. The Junior Class dinner and baccalaureate services were on Sunday. The graduating exercises occurred at Evanston in connection with the commencement program of Northwestern University, and were concluded with a class picnic at Lake Bluff, on June 17. The parents of most of the students were present on these various occasions and not only enjoyed the formal entertainments but entered heartily into the informal ones. The class numbered twenty-nine.

**Indiana: Gary.**—Commencement Day at St. Mary's Mercy Hospital was ushered in with a Solemn High Mass, in the Hospital Chapel. At noon the Seniors were guests at a banquet given in the nurses' dining room. At 8:00 p. m., graduating exercises were held at the Commercial Club, and following, a reception and dance was given, at which the new graduates entertained their friends. The next event of importance was the dinner given by the students, in honor of the class of 1925, and to complete the week of festivities, the Alumnae entertained the graduates at a banquet at Lake Park Club. A card party given by the students at the Nurses' Home was a social and financial success. The proceeds from these student activities to be used, later, for a suitable memorial to the Home. The Sisters entertained the Alumnae at a banquet and homecoming on June 9, following this the annual election of officers took place. **Lafayette.**—THE LAFAYETTE HOME HOSPITAL held graduation exercises at

the First Christian Church, May 16, for a class of four. Rev. C. T. Goodsell, of Lafayette, gave the address. Robert Alexander, President of the Board, presented the diplomas; and Laura A. Odell, Superintendent of Nurses, the pins. **Vincennes.**—THE GOOD SAMARITAN HOSPITAL SCHOOL OF NURSING held graduating exercises for a class of six on June 11, at the First Christian Church. Judge Coulter of the Knox County Circuit Court gave the address. A reception and dance followed the exercises. The Alumnae Association gave a banquet to the graduating class on June 10.

**Iowa:** A PROGRAM COMMITTEE of fourteen members has been appointed for the Iowa State meeting to be held in Davenport next October. Clara L. Craine of the Visiting Nurse Association, Davenport, is chairman. **Council Bluffs.**—Dorothy Ely, Superintendent of Nurses, Jennie Edmundson Memorial Hospital, resigned her position on June 3, to make her home with her brother in Mason City. A farewell luncheon was given to Miss Ely by eighteen nurses at the Lake Manara, June 1. THE JENNIE EDMUNDSON MEMORIAL HOSPITAL ALUMNAE entertained the twelve graduates and the faculty at dinner at the Fontanelle Hotel, Omaha, thirty-nine being in attendance. Informal talks were given by officers of the association and members of the faculty. **Creston.**—THE GREATER COMMUNITY HOSPITAL held graduating exercises at the Presbyterian Church on May 19. Rev. Edward Hutchinson gave the address to a class of five. The class was entertained at a banquet at the Iowana Hotel by the Alumnae. On May 12, the Hospital Society gave a benefit card party at the Elks Home, the proceeds to be used for hospital improvement. **Mason City.**—On June 29, twenty-six nurses enjoyed a delightful meeting at the summer home of Eva A. Gibbs, Clear Lake. The graduating classes of the Mercy and the Park hospitals were the guests of honor. A short business meeting of District 10 followed the picnic supper, when four members were admitted. PARK HOSPITAL graduated a class of six nurses. The address to the class was given by Adah L. Hershey, President of the State Registered Nurses' Association. The diplomas were presented by Dr. George M. Crabbe; and the pins by Maude Sutton.

Following the exercises, a reception was held at the Nurses' Home. Miss Hershey was a guest of the Tenth District and spoke at a meeting held at the Chamber of Commerce. ST. JOSEPH'S MERCY HOSPITAL held graduating exercises on May 28 for a class of five. Archbishop Kane, of Dubuque, gave an address and presented the diplomas. The new nurses' home which has been erected at a cost of \$50,000 was dedicated on the morning of the same day and was open to inspection by the public during the rest of the day. It will accommodate seventy nurses and the staff.

**Kentucky:** THE KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES held its nineteenth annual convention, June 10, 11 and 12 at the Phoenix Hotel, Lexington. The Convention was called to order on June 10, at 2:00 p. m., by the President, Edith E. Bush, of Louisville. Invocation by Rev. J. Archer Gray, D.D. The Address of Welcome was made by Mayor Hill, of Lexington, followed by response from Flora Gates, Newport. An address, The Rural Mother and Her Baby, was given by Mrs. Mary Breckinridge. Mrs. Breckinridge is a most charming and delightful speaker. Following the address, the Private Duty Section, was called to order by the Chairman, Jane A. Hambleton. Some interesting papers were given. The afternoon session ended with a very instructive paper, Orthopedic Nursing, by Dr. Charles Garr, of Lexington. A most enjoyable automobile ride through sections of the beautiful Bluegrass country, visiting several of the magnificent estates and stock farms, was given by The Chamber of Commerce. At 8:00 p. m., a reception was given at the Good Samaritan Hospital, with Josephine Royan as hostess. At 9:00 a. m., June 11, the meeting was called to order by Miss Bush, Invocation by Rev. G. R. Combs, D.D. Splendid papers were given as follows: Basal Metabolism, by Anna May McKenna, Lexington; The Trend of Modern Medical Education, by Dr. G. Bedford Brown, Lexington; The Nurse and Her Leisure Hours, by Mrs. Preston Johnston, Lexington; Certain Aspects of Preventive Medicine, by Dr. J. E. Rush, University of Kentucky; Some Newer Procedures in Gynecology and Obstetrics, by Dr. Scott D. Breckinridge, Lexington. At 11:30 a. m., a very splendid and forceful



address was made by the President, Miss Bush. At 2:00 p. m., The Kentucky State Association of Public Health Nurses was called to order by the Chairman, Sue E. Parker, Lexington. A very interesting program was given: Public Health in Industry, by Dr. W. C. Martin, Louisville; Visiting Nurse Study, by Vera Warner, Metropolitan Life Insurance Co., Louisville. A Health Play, put on by Virginia P. Martin, Supervisor of Public Health Nursing, Lexington, was much enjoyed by all present. At 4 p. m., the following addresses were given: Organization of the Surgical Service in the Modern Hospital, by Dr. F. W. Rankin, Lexington; The Fundamentalism and Evolution of the Trained Nurse, and How to Meet Some of the New Problems of Today, by Dr. J. A. Stucky, Lexington. At 7 p. m., a dinner was given at the beautiful Ashland Golf Club; about 140 nurses were present. On the morning of June 12, following an Executive Board meeting, the League of Nursing Education was called to order by the Chairman, Flora E. Keen, Somerset. Cornelia Erskine, Superintendent of Nurses, Louisville City Hospital, gave a report of the Convention of the National League of Nursing Education. Discussion was led by Anna Lockhart, Lexington. The afternoon session was given entirely to business. Louisville was selected for the Convention in 1926. The officers elected are: President, Harriet Cleek, Lexington; vice presidents, Mrs. Florence McClelland, of Louisville, and Elizabeth Ketron, of Lexington; recording secretary, Sue Parker, Lexington; corresponding secretary, Jane A. Hambleton, 922 South Sixth Street, Louisville; treasurer, Gertrude Bethell, Louisville. Chairman of committees are: Ways and Means, Anna T. Lockhart; Credentials, Jo O'Connor; Press and Publication, Orphelia Moore; Nominations, Edith E. Bush; Arrangements, Anna E. Flynn.

**Maine: Portland.**—Eva M. Bean (Presbyterian, New York) has been appointed Director of Nurses at the Maine General Hospital.

**Maryland:** THE BUREAU OF CHILD HYGIENE OF THE STATE DEPARTMENT OF HEALTH sent out, on June 15, a healthmobile which will visit fifty different communities during the summer for the purpose of holding health

conferences for babies and children. All necessary equipment is carried, but the conferences are held in some room in the neighborhood visited. **Cumberland.**—**ALLEGANY HOSPITAL** held commencement exercises for the classes of 1924 and 1925, nine nurses, in Carroll Hall. Rt. Rev. Msgr. E. J. Wunder presided and conferred the diplomas. Awards were made to Freda M. Nasser, Nellie C. Fahey, Carolyn G. Smith, and Ruth E. Hart. Addresses were made by Eugene H. Hayward, M.D., and Rev. John A. Smith. The Alumnae Association of the school received the graduates into membership at a meeting following the exercises, when an address was made by Dr. J. M. H. Rowland. On the following evening the Association gave its annual banquet and held a reunion. On the eve of graduation, the Intermediates gave a play.

**Massachusetts:** THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its twenty-second annual meeting on June 6, at the Boston Public Library. The State League of Nursing Education met at 10:00 a. m., and during the session the constitution and by-laws were voted upon to conform to those issued by the National League. Reports for the year were presented and new officers elected. The Public Health Section and also the Private Duty Section convened in the forenoon with regular yearly reports and election of officers. At 2:00 p. m. the twenty-second annual meeting of the Massachusetts State Nurses' Association occurred with Miss Hall presiding. Reports for the year were presented which included a most interesting one from the retiring president, Carrie M. Hall. Miss Riddle presented Miss Hall with a bouquet of flowers, expressing the gratitude and appreciation of the Association for her splendid leadership during the past four years. The meeting was well attended and characterized by a fine spirit of coöperation and friendliness. The following officers were elected: President, Jessie E. Catton; vice presidents, Sally Johnson, Ellen C. Daly; corresponding secretary, Helen M. Blaisdell; recording secretary, Mary Alice McMahon; treasurer, Emma M. Nichols. **Waverly.**—THE MCLEAN HOSPITAL NURSES' ALUMNI ASSOCIATION held its third annual meeting, June 25, at the Hospital. At the business

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meeting, the following officers were elected for two years: President, Maud Roscoe; vice president, Ellen Jenkins; secretary, Mrs. Mary Wellsman; treasurer, Mrs. Isabella Joy. Luncheon was served by the Hospital and in the evening all had the pleasure of attending the graduating exercises of the class of 1925, which were held in the Samuel Eliot Memorial Chapel at the Hospital. Twenty-three women and ten men were graduated. The address was given by Dr. Alfred Worcester, of Waltham. Following the exercises in the Chapel, a reception and dance were held in the Administration Building, where lunch was served. About five hundred graduates and their friends were present.

**Michigan: Detroit.**—THE EXTENSION COURSE FOR PRIVATE DUTY NURSES, of the University of Michigan, will be held in Detroit, September 14 to 18. The program is of unusual interest, consisting of cultural and technical subjects with demonstrations in latest methods of nursing procedure. An effort is being made to reach every private duty nurse in the State. An attendance surpassing that of last year is anticipated. The fee for the course is \$4, payable to the Chairman, Frances S. Drake, 4708 Brush Street, Detroit, Michigan. Opening exercises for the SCHOOL OF NURSING AND HYGIENE OF THE HENRY FORD HOSPITAL were held on June 17 in the Educational Building. Dr. C. E. A. Winslow of Yale University was the speaker. **Grand Rapids.**—The thirty-eighth annual commencement of the MARIAN LOUISE WITHEY SCHOOL OF NURSING, BLODGETT HOSPITAL, was held on the beautiful South Terrace of the Hospital grounds, on June 8. Dr. Richard Olding Beard of the University of Minnesota was the principal speaker and gave an inspiring address on The Relation of Nursing Education to Nursing Practice. Gold medals were presented to Elizabeth M. Rutledge and Elizabeth E. Putney. An interesting feature of the program was the marching to seats of honor of the two hundred alumnae who had returned for the first reunion in the history of the school. The diplomas were presented by John Duffy; the badges, by Mary A. Welsh; the medals, by Mrs. Dudley E. Waters. The welcome to the alumnae was given by Ida M. Barrett. A reception followed the exercises. The two days following

were devoted to the reunion, for which 400 invitations had been sent to all parts of the country. On Tuesday, class reunions were held until evening, when a dinner was given by the trustees of the hospital at Kent Country Club. Toasts were responded to by Mr. Blodgett, donor of the hospital; Miss Welsh, present Director, and by two former superintendents, Mrs. Lucia Lupinski and Miss Barrett. On Wednesday, a delightful picnic was held at the summer home of Miss Barrett and Miss Welsh. When the roll of classes according to years was called, each responded by one or more members, except 1905, and formed in line for a grand march.

**Missouri:** THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold examination for nurses, September 23 and 24, simultaneously in St. Louis and Kansas City. Write to Janett G. Flanagan, Secretary of the Board, or apply to your School of Nursing for application. **St. Louis.**—Commencement exercises for the 1925 class of St. LUKE'S HOSPITAL began on May 22, when a luncheon was given at the Nurses' Home for the alumnae and school. This was followed by an informal reception, and at 4:30 the graduating exercises were held on the west lawn of the Hospital grounds. The annual Alumnae banquet was given in the evening, followed by dancing. THE JEWISH HOSPITAL SCHOOL OF NURSING held graduating exercises, May 27, for a class of six, in the sun parlor of the Hospital. Julia Wilson received the \$1,000 scholarship for Teachers College. Della Murphy and Nan Marshall were tied for the \$500 prize, so the sum was duplicated by a Board member. Rabbi Julian Miller delivered the principal address. A reception followed in the nurses' home. The annual Alumnae banquet was held at the Forest Park Hotel. THE WASHINGTON UNIVERSITY SCHOOL OF NURSING held commencement exercises on June 9 in the Francis Gymnasium, University Campus, for a class of twenty-eight. The address was given by Robert E. Vinson, D.D., President of Western Reserve University. A reception was given the same day at the Nurses' Home. The Alumnae banquet was held on June 5 at the Forest Park Hotel, when Claribel Wheeler spoke on Possibilities of an Alumnae Association.

**Montana:** The thirteenth annual

convention of the MONTANA STATE ASSOCIATION OF REGISTERED NURSES was held at the Placer Hotel, Helena, June 4, 5 and 6. On June 4, the first two hours were given to reception and registration. The session was opened by prayer by Rev. Norkert Hoff, President of Mount St. Charles College. The address of welcome was given by Ex-Governor S. V. Stewart; response by Augusta Ariss, Superintendent of Deaconess Hospital, Great Falls. This was followed by the President's address by Floss L. Kerlee, of the State Hospital, Warm Springs. The Montana Nurses felt very fortunate in having with them for the three days' sessions, Mary E. Gladwin, Director of Nursing Education, Minnesota. Miss Gladwin spoke about the requirements, education, and qualifications for nurses. The afternoon session was opened with music. A paper was given by Helen C. Meade, Surgical Nurse, Kalispell General Hospital, The Surgical Nurse and Her Responsibility. The Infantile Paralysis Problem was spoken about by Dr. Louis W. Allard, State Orthopedic Surgeon, of Billings. Montana has had three distinct epidemics of this dread malady during the past year. Doctor Allard's talk was most interesting, especially so to the public health nurses of the state. A paper on Anaesthesia was given by Mrs. W. W. Pennington, of Butte. The address by Dr. J. X. Newman, State Bacteriologist, of Helena, covered contagious and communicable diseases in general. Sister Mary Alphonsos of Kalispell General Hospital gave a paper on Bedside Nursing. Lydia Goodman, X-ray nurse, Murry Hospital, Butte, read a paper on X-ray. An informal tea and reception were given by the Woman's Division of the Commercial Club in the Y. W. C. A. In the evening the nurses were entertained by the Sisters of St. John's Hospital. On Friday, June 5, 9:00 a. m., Private Duty Section, prayer by Rev. James F. McNamee, pastor, First Baptist Church. A paper was given by Mrs. Elsie M. Smith, of Helena, Responsibility of the Graduate Nurse to Her Hospital and Profession. Address by Dr. James M. Flinn, Feeding of Infants and Pre-school Child. Mary E. Gladwin spoke on Private Duty Nurses and Their Education. Address by Mrs. Elsbeth H. Vaughan, Assistant Director, Red Cross Nursing Service, Midwestern Area, St. Louis,

filled the time until noon, when a delicious luncheon was arranged at the Placer Hotel Grill by nurses of District 4. The afternoon session was again opened with music and the afternoon was given to the Public Health Nursing Section. Dental Hygiene, by Dr. M. E. Gates, Secretary, Montana Dental Society. Address by Dr. Frances Sage Bradley, Director Child Welfare, State Capitol, Helena. Address by Dr. C. E. K. Vidal, Superintendent, State Tuberculosis Sanitarium, Galen, followed by a paper on Tuberculosis Nursing by Gladys McGuire, City Health Department, of Great Falls. Rural Health Nursing, by Emily Gonczy, of Baker. The State Association nurses motored out to Fort Harrison, the Veterans' Bureau Hospital, and were conducted through the various buildings, and a delicious supper was served to all nurses by the Veterans' Bureau nurses. In the evening all visiting nurses were entertained by District 4 nurses at a dance at the Shrine Temple. On Saturday, June 6, prayer was given by Rev. Walter B. Spaulding, Pastor of St. Paul's Methodist Church. Addresses were given by Mary E. Gladwin and Mrs. Elsbeth Vaughan. The rest of the day was taken up by business. Reports were called for and given by the various districts and committees. No change of officers was made. An invitation was extended by the Kalispell nurses and was heartily accepted.

**New Hampshire:** THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held its annual meeting at the New Hampshire State Hospital, Concord, June 10. Beginning at 10:30 a. m., the following meetings were in session,—The League of Nursing Education, the Private Duty Nurses' League, and the Public Health Nurses. Luncheon was served on the lawn at noon. The afternoon meeting was called to order by the President, Mrs. Jenkins. A welcome to the Hospital was given by Doctor Dolloff, the Superintendent. After the transaction of business and the election of officers, Doctor Dolloff gave an address on Psychiatric Nursing. Frances V. Brink, Field Secretary for the N. O. P. H. L. N., brought a message from the national associations. After the meeting, a social hour was enjoyed. The following officers were elected for the ensuing year: Ethelyn P. Jenkins, President; Elena M. Crough and

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Ida M. Jameson, vice presidents; Florence Morrill, treasurer; Blanche E. Sanderson, secretary; Marion Garland and Helen T. Carlsson, Directors.

**New Jersey: Jersey City.**—CHRIST HOSPITAL SCHOOL OF NURSING held graduating exercises for a class of seven at the Bergen Lyceum on the evening of June 11. The Alumnae Association, on June 8, entertained the class at a dinner and theater party. The Social Service Guild of Christ Hospital entertained the students on the afternoons of June 21 and 26. The students were conveyed by motor to the country estate of Mrs. H. Otto Wittpen at Bernardsville, stopping on the way for a trip through Washington's Headquarters in Morristown. On arriving, punch was served. After a trip through the beautiful gardens and to the stables where they were shown many prize horses, tea was served on the attractive porch. All voted Mrs. Wittpen an ideal hostess.

**New York: Canandaigua.**—THE FREDERICK FERRIS THOMPSON HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in the Maternity Building, May 28. The following officers were elected: President, Mary C. Graham; vice president, Dorothy Dayton; secretary, Emma M. Finley; treasurer, Onene R. Gourlay. **Geneva.**—DISTRICT 2 held a meeting in Geneva on June 30, the Geneva members being hostesses. Through the courtesy of the owners of White Springs Farm, the meeting was held at that delightful place and was greatly enjoyed by all fortunate enough to be present. **Ithaca.**—THE ITHACA CITY HOSPITAL held graduating exercises for a class of nineteen at the Ithaca Savings Bank Auditorium, followed by a pageant. Many social affairs were given in honor of the graduates during the week of May 4, one of which was a well attended banquet given by the Alumnae at the Victoria Inn. Speeches and a class prophecy were enjoyed. On May 12, ground was broken for the new contagious wing. **New York.**—MONTEFIORE HOSPITAL held its first graduating exercises, for a class of three, on May 16, at the Nurses' Residence. Addresses were made by William Goldman and Dr. John H. Finley. Diplomas were presented by Dr. Ernst P. Boas; the pins, by Mildred Constantine. Dancing followed the exercises. On May 1 the offices of the

NEW YORK HEART ASSOCIATION were moved to 244 Madison Avenue and on that date Harry Hopkins, Director of the New York Tuberculosis Association, assumed his duties as acting Executive Secretary, succeeding Miss N. L. Woughter. The offices of the AMERICAN HEART ASSOCIATION will remain at 370 Seventh Avenue with Miss Woughter as Executive Secretary. **Syracuse.**—In January, DISTRICT 4 decided to make changes in the central registry, to become effective on September 1. The registry will be located down town at 405 Lafayette Street, and will include all types of nurses and attendants, and a doctors' exchange. The registrars will be Doris Meeche and Elvina Claxton. District 4 held its twenty-seventh regular meeting, June 11, at the Hospital of the Good Shepherd with thirty-seven members present. The principal business was a discussion of the new registry. Each Alumnae of the District pledged support in helping furnish the new registry office.

**North Carolina:** The twenty-third annual convention of the NORTH CAROLINA STATE NURSES' ASSOCIATION met June 2 and 3 at Battery Park Hotel, Asheville, with the President, Blanche Stafford, presiding. The attendance was unusually good, 167 registering for the convention, and forty-three for the Institute held June 4, 5 and 6. In the business session which convened Tuesday, at 9:00 a. m., the Secretary, Treasurer, Examining Board, Legislative, Relief Fund and Nominating Committees, gave their reports. At this time there were reports from the nine districts of the State. They were very encouraging, each showing a gain in membership and finances over last year. The State Relief Fund, Miss E. A. Kelly, Chairman, has gone ahead of the goal, \$10,000. The Mayor of Asheville, John Cathey, Dr. C. C. Orr, President of Buncombe County Medical Society, and Fannie Vaughn Andrews, President of District No. 1, gave addresses of welcome. These were followed by a response and address by the President, Blanche Stafford. A short but very beautiful memorial service was held for Mary L. Hunt, a much beloved nurse of Asheville. Dr. Chas. L. Minor paid tribute to her in an address, As a Nurse and Woman. With Esta B. Kirk, Chairman of Private Duty Section, presiding, several splendid papers were read: Psychology for Nurses, by Mary Porter,

was most interesting and instructive. On Wednesday, June 3, Mrs. Blanche T. Lamb, Chairman of Public Health Program, presided. Her program included a paper, Clinical Work in Europe, by Dr. H. H. Briggs, of Asheville. This paper was enjoyed very much. It gave the convention a better insight into the wonderful clinics of Vienna and other points in Europe; Laboratory and X-Ray Technicians in Modern Medicine, by Lilly P. Wood, High Point; School Nursing, The Three-in-One, by Mary P. Oliver. The Legislative Committee has done splendid work this past year, getting bills through Legislature that make the nursing laws much stronger; also helping with the vital questions of reciprocity with schools of nursing in other states. We shall now deal with individual schools as well as with states. Our reciprocity fee was raised to \$25.00. The following officers were elected to serve 1925-'26: President, Columbia Munds, Wilmington, N. C.; secretary, Mrs. Bessie Powell, Wilmington, N. C.; treasurer, Mrs. Jack Shope, Asheville, N. C.; Educational Director, Lula West, Mt. Airy, N. C. North Carolina will organize a League of Nursing Education, which will be a member of the National as soon as the new By-Laws can be secured,—Edna L. Heinzerling, Chairman, Winston-Salem, N. C., and Susan G. Brown, Secretary, were elected on this committee. The Convention will go to Goldsboro next year. Throughout the days of the Convention there were delightful drives by the Medical Society of Buncombe County, the Rotarians of Asheville, and others. Other features of entertainment were a reception in Battery Park Hotel by District No. 1, and an organ recital at Grove Park Inn. At each session there was music by the splendid voices of Asheville. An Institute, sponsored by the League of Nursing Education, conducted by Mary C. Wheeler, of Illinois, followed the Convention.

**Ohio: Cincinnati.**—DISTRICT 8 elected the following officers at the May meeting: President, Margaret Fagen; vice presidents, Minnie Draher, Maude Silver; secretary, Edith Northup; treasurer, Leatha McGaugh. The May meeting was held at the Good Samaritan Hospital; the June meeting at Mercy Hospital, Hamilton. The Alumnae acted as hostesses and furnished a delightful program. Miss Fagen and Miss Northup gave

reports of the State meeting. The Public Health Section gave a farewell luncheon for V. Lota Lorimer, who is leaving the State Department of Health; the members presented her with a Rookwood vase. The annual week-end party of this Section was held in June, with thirty-six present, at Kroger Hills Camp. Mrs. Sarah B. Kennedy was hostess. THE JEWISH HOSPITAL ALUMNAE have elected the following officers: President, Mrs. Nell Bohanan; vice presidents, Esther Shroeder; Esther Curran; secretary, Mrs. Sue Jacobs; treasurer, Emma R. Ardill. **Hamilton.**—MERCY HOSPITAL SCHOOL FOR NURSES has obtained affiliation with the University of Dayton. Those nurses who have successfully completed the prescribed four-year course in an accredited high school are eligible for the privileges of affiliation. A number of this year's graduates and several of the senior class are rejoicing over the good news, and are eagerly looking forward to the pursuit of postgraduate work leading to collegiate degree. Sisters M. Gervase and M. Grace, both members of the teaching staff of the school, received their B. S. degrees from the University of Dayton on June 8. **Lima.** Graduation exercises for the class of 1925, ST. RITA'S HOSPITAL, were held in the Knights of Columbus Hall, May 19. Rev. O'Hara, of Toledo, presented the diplomas; Dr. W. H. Parent, the pins. Dr. Harry S. Noble, St. Mary's, O., gave the address. A reception and dance followed. LIMA CITY HOSPITAL held graduation exercises for a class of sixteen at South High School on May 27. Diplomas and pins were awarded by Mr. Rickoff, President of the Hospital. A reception and lunch followed.

**Oregon:** Grace L. Taylor, of Salem, has been chosen, Secretary of the BOARD FOR EXAMINATION AND REGISTRATION OF NURSES, succeeding Jane V. Doyle, who did not wish to serve another term. Grace Phelps has been appointed by the Governor as a member of the Board. **Portland.**—SAINT VINCENT'S HOSPITAL celebrated impressively, on June 22-24, the Commencement Exercises of the Nursing School simultaneously with the Golden Jubilee of the Hospital. An elaborate and interesting program, beginning with the dedication of the new chapel, was carried out, with music by the Cathedral choir. This in-

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cluded Solemn Pontifical High Mass, a banquet for Student Nurses, a banquet for the Clergy, medical and surgical staffs, and formal Commencement Exercises. Sisters'-Day Exercises included a reception of the Religious Sisterhoods and the Presentation of an Allegorical Drama by the Student Nurses.

**Pennsylvania:** AN INSTRUCTORS' INSTITUTE is to be held under the auspices of the Pennsylvania League of Nursing Education at Williamsport, October 29-31, following the State Convention. An interesting program is being planned and it is hoped that many hospitals will relieve their instructors to attend. The principal speaker will be May Kennedy, Director of the Illinois Institute, who will give several hours on Psychological Principles Applied to Lesson Planning. The program will be full of papers and round tables of especial interest to the Instructor.

**Danville.**—THE NURSES' ALUMNAE ASSOCIATION OF THE DANVILLE STATE HOSPITAL held its annual business meeting, June 10, in the chapel of the Hospital. The following officers were elected: President, Elizabeth Kauffman; secretary, Madaline Fisher; treasurer, Margaret Foresman. In the evening of the same day a reception and dance were given, at which time the graduating class and Doctor and Mrs. Jackson, Superintendent, were guests. The Danville State Hospital Training School for Nurses held its Thirty-second Annual Commencement in the chapel of the Hospital on June 11. A class of eighteen were graduated,—fourteen girls having completed the three-year course, with the second year spent at an affiliating school, Bellevue and Allied Hospitals, New York City, and four men taking the two-year course at the home school. The address of the evening was given by Wilmer Krusen, M.D., Philadelphia. Diplomas were conferred by Wm. Field Shay, Esq.; prizes awarded by Dr. J. Allen Jackson. Following the Commencement, a dance and reception were held in the Amusement Hall.

**Philadelphia.**—The Annual Commencement OF THE WOMAN'S HOSPITAL OF PHILADELPHIA was held in the Assembly Hall of the Hospital, May 20. Nine were graduated. On May 23, the Alumnae Association entertained the graduates at tea at the home of Mrs. Emily Bacon Morrison, Germantown. THE NURSES' ALUMNAE ASSOCIATION OF THE SAMARITAN

HOSPITAL held its last meeting for the year on June 23, at the Widener Memorial School for Crippled Children. There were ninety-two present, including the graduating class. After the routine business, the question of twelve-hour duty was discussed and a committee appointed to frame a letter to be sent to the Hospital Committee, asking its support and coöperation. Mr. Brown from the Mulford Laboratories gave a very interesting talk on Toxines and Antitoxines. Nominations for officers for election in September were made. Three new members were elected. Reports of the various committees showed a keen interest in the work of the Alumnae. The program of the evening was in charge of the graduating class. They conducted what they considered a model Alumnae meeting. It was a very interesting program, showing all their committees alive and at work. We know that if such programs could be carried out there would be no difficulty in getting all the members to attend the meetings. It is worth trying; all felt that the 1925 class had given something to think about and inspiration enough to try to follow their suggestions. The opening of their model meeting took us back to our days of training, the singing of a hymn, the Lord's prayer, and scripture reading, followed by another hymn, seemed a very timely as well as appropriate suggestion. It was a very appreciative gathering and all look forward to welcoming these young and enthusiastic nurses into the Association. The opening of the new hospital took place on June 18. The building is beautifully furnished throughout. The members can well be pleased and proud of this new building for which many have worked so hard. There were a great many of the graduates of former years present, all declaring that they would like to go back and work under conditions as they are today. The Nurses' Endowed Room is located at the southwest corner on Broad and Ontario Streets, next to the sun parlor; it is large, bright and airy, furnished as are the other rooms. The brass plates will be placed upon the door and furniture as soon as they are ready. Miss Kern, class of 1915, has accepted a position as floor nurse in the new building. Miss Kern has served in the Army and the Navy. **York.**—THE YORK HOSPITAL ALUMNAE ASSOCIATION



held its monthly meeting in the Nurses' Home, July 8. There was the usual business meeting followed by reports from the various committees. A strawberry festival was held during the month, realizing \$75, which will be used for educational purposes. Eleven nurses were graduated from the Training School, June 16. Exercises were held in Christ Lutheran Church. Following the exercises, Sara Spencer, Directress of Nurses, became the bride of Harry Loyd. Miss Spencer remained at the Hospital until August 1. Twelve-hour duty was adopted by the Alumnae and went into effect in the Institution July 1. It was decided to invite District No. 4 to hold its meeting at the new Professional Building in September. The York Hospital Alumnae will act as hostesses to the District. Three nurses from District 4 are attending the International Council of Nurses in Helsingfors, Finland.

**Rhode Island: Providence.**—The thirtieth anniversary of the establishment of the TRAINING SCHOOL FOR NURSES, BUTLER HOSPITAL, was observed June 1. Many graduates of the school and guests being present and the following program was presented out of doors in the afternoon, followed by a picnic supper. Welcome to graduates and guests, from the Hospital, Arthur H. Ruggles, M.D., Superintendent; from the Nursing School, Anna K. McGibbon, Superintendent of Nurses. The Dawn of a New Day, Orelie Adams (class of 1920), impersonating Dorothea Lynde Dix, portraying conditions prevailing for cure of mentally ill in 1840. Early Days of the Training School, Sara E. Parsons, organizer of Butler Hospital Training School for Nurses. Forward with the Mental Hygiene Movement, Edith Gertrude Stevenson (class of 1925). The Value to the Nurse of an Understanding of Psychology and Ability to Apply Her Knowledge to Her Patient, Professor Walter Goodnow Everett (representing the Board of Trustees of Butler Hospital). The annual meeting of the Alumnae Association was held at 6:00 p. m. in the William H. Potter Home for Nurses. Encouraging progress is being made in the establishment of the \$5,000 Fund. At 8:15 p. m. the graduating exercises were held in Ray Hall, Effie J. Taylor, Associate Professor, Yale University School of Nursing, being the speaker of the

evening. The William H. Hazard prize was presented to Edith Gertrude Stevenson. Following the presentation of diplomas by Rathbone Gardner, President of the Corporation, a reception was tendered the members of the graduating class. Alice Harris (class of 1912) has returned from Baroda, India, where she has completed five years of nursing service.

**South Dakota: Mitchell.**—The third annual Alumnae banquet of the METHODIST STATE HOSPITAL was held on the evening of June 1, at the Y. W. C. A. banquet room. After dinner, a program of toasts, readings and music was given. At the business meeting following, officers were elected: President, Victoria Jenson; vice president, Marie Forman; secretary and treasurer, Mrs. Viola Koch. The next quarterly business meeting will be held on September 7.

**Texas: Houston.**—DISTRICT 9 gave a banquet to the graduating classes of the city on May 13, at the Rice Hotel. There were ninety present. Dancing was enjoyed afterward.

**Virginia:** THE VIRGINIA STATE BOARD OF EXAMINERS OF NURSES wishes to make correction of a statement contained in Report of State Convention published in July issue of the *Journal*. The statement reads: "Ethel Smith, the Secretary, brought in a report recommending that the law be amended to include the registration of Tuberculosis Nurses and at the final business session a motion was passed requesting the Board of Examiners and Directors to investigate, etc." As a matter of fact, no recommendation of any sort was presented by the Board of Examiners, but the following is a quotation from annual report of the Board's work which was read at this meeting: "The State Board of Examiners met in session four times during the year. \* \* \* The important matters taken up by the Board at these meetings covered the acceptance of some few hospitals seeking to be placed on the accredited list—the question of reciprocity with some States. \* \* \* The question of arranging for conferences with the representatives of Tubercular Sanatoria, relative to possibility of incorporating a clause in our law permitting State Registration of the graduates of Tubercular Sanatoria without requiring one year's affiliation

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## Nursing News and Announcements

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in General Hospital; the question of discontinuance of one of our Training Schools, etc." Nothing in the form of a recommendation was presented either by the Board of Examiners or any member of said Board, but the simple statement made that the question of conferences had been considered. —Ethel M. Smith, Secretary. The SEMI-ANNUAL EXAMINATIONS for the registration of graduate nurses were held at the University of Virginia, Charlottesville, on the 17th, 18th and 19th of June, last. Two hundred and twenty-three applicants wrote on these examinations,—the largest number ever examined at one time in the State. One thousand one hundred and thirty-seven students are now in training in the Virginia accredited training schools and many of these schools are reporting a large number of applications on hand for the fall classes. The Old Dominion was represented at the annual convention of the National Tuberculosis Association in Minneapolis, by four members. Of particular interest to this state was the discussion of the question of allowing the registration of tuberculosis nurses, concerning which the nursing section recommended to the association that a committee be appointed further to study the matter before definite action should be taken. The Graduate Nurses' Association of Mississippi, through its president, Mary H. Trigg, of Greenwood, has contributed \$1,000 toward the \$50,000 now being raised for the establishment of a Chair of Nursing at the University of Virginia, Charlottesville, thus becoming a Founder Member. Special invitations have been issued to the associations of each of the other southern states to follow a similar course. In several instances considerable interest is being evinced. Richmond has already raised its quota of \$15,000 for this purpose and Johnston-Willis Hospital, that city, won the scholarship to the University, when the chair of nursing shall have become a fact, offered to the hospital organization raising the largest amount of money. Norfolk will conduct a campaign early in the fall with a quota of \$10,000 and the other cities of the state will follow shortly thereafter. **Richmond.**—For the first time in the history of either institution, nurses graduated from Memorial Hospital Training School were admitted to

full membership in the alumni association of the Medical College of Virginia. They will be known as the Memorial Hospital Nurses' Section of the Medical College of Virginia Alumni Association. Another forward step taken at the 1925 commencement was shown when Nora Spencer Hamner gave a paper on the education of nurses at the annual symposium conducted by the college. This was the first time that a nurse had been invited to participate on a symposium program, a feature which may become permanent.

**West Virginia:** THE WEST VIRGINIA STATE NURSES' ASSOCIATION will hold its annual convention in Clarksburg, September 24, 25 and 26.

**Wisconsin: Milwaukee.**—"The Healers," a pageant written by Marie Smith, was given by the Milwaukee Central School of Nursing in Plankinton Hall, The Milwaukee Auditorium, June 9 and 10. A series of episodes in the History of Nursing was shown, from the days of Greece and Rome to those of modern science.

**Wyoming:** THE WYOMING STATE NURSES' ASSOCIATION held its sixteenth annual convention at the Natrona Power Building, Casper, June 4 and 5. The address of welcome was given by Harry B. Durham, and the response by the President, Mrs. F. W. Phifer. The morning was occupied by the transaction of business and the address of the President. At noon, the delegates were entertained at luncheon at the Natrona General Hospital. In the afternoon, Mrs. Katherine Bowie, of Wheatland, gave a report of the Quinquennial Convention of Women's Clubs in Washington, which she had attended. Katharine DeWitt, of Rochester, N. Y., representing the American Nurses' Association, spoke on the necessity for mutual understanding between the medical and nursing professions and the laity. At the close of the afternoon sessions, the guests were taken in automobiles to the mountain ranch of Doctor and Mrs. Lathrop for a delightful picnic. On Tuesday morning, a talk on Tuberculosis was given by Etta Dobbin, Secretary of the Wyoming Public Health Association. Louise Buford spoke on Maternity and Infant Welfare Service, and Margaret Robinson on County Health Work. In the afternoon, Miss DeWitt gave a report of the convention of the National League

of Nursing Education; Elizabeth Shellabarger spoke of Training School Plans. Laura Clauson, a student delegate, spoke for the students. A memorial service was held for Sarah Jane McKenzie,—appreciations of her work being given by Ida Stanley Oliver, Reba C. Parnell and Mrs. F. W. Phifer. After the transaction of final business, a trip was made to the Standard Oil Refinery. The meetings closed with a banquet at the Henning Hotel where music and toasts were enjoyed, the speakers being Mrs. Jean Gauvain, Mrs. Phifer, Dr. Allan McLellan, Mrs. Vilot Franchville and Miss DeWitt. Officers elected are: President, Mrs. Isabelle Nelson, Casper; vice president, Mrs. Amy Lauzier, Rock Springs; secretary, Mrs. Ella Hanson McDonald, Lander; treasurer, Jeanette McOmie, Casper. **Laramie.**—Graduation exercises of the class of 1925 of the MEMORIAL HOSPITAL OF LARAMIE COUNTY were held in the Carnegie Library Auditorium, June 24. Addresses were made by Bishop Thomas and by Dr. Walter M. Lacey. The class was presented by Elizabeth Shellabarger. Diplomas and pins were awarded by Judge T. Blake Kennedy.

## MARRIAGES

**Margaret Abernethy** (class of 1922, St. Luke's Hospital, Bethlehem, Pa.), to Robert Mountford, June 13. At home, Camden, N. J.

**Gertrude Ashworth**, to Max R. Hann, May 9. At home, Las Cruces, N. M.

**Louise Clare Bishop** (class of 1920, Butler Hospital School for Nurses, Providence, R. I.), to Whitney North Parker, June 17.

**Mrs. Victoria Burgunder** (class of 1918, Calumet and Hecla Hospital, Calumet, Mich.), to Alfred J. LaMotte, June 15. At home, Lake Linden, Mich.

**Mary Westall Davis** (class of 1917 Hartford Hospital, Hartford, Conn.), to James Hollis Cole, June 12. At home, Tucson, Arizona.

**Sarah Jane Garland** (class 1921, Allegheny General Hospital, Pittsburgh, Pa.), to Robert Neale McMichael, June 24. At home, Pittsburgh.

**Anne Gemkow** (class of 1916, Allegheny General Hospital, Pittsburgh, Pa.), to Paul

S. Traxler, M.D., May 11. At home, Glendale, Calif.

**Rachel Winsor Gibbs** (class of 1923, St. Luke's Hospital, Chicago), to Morton Sieg Prescott, June 17.

**Millicent Halsey** (class of 1920, Memorial Hospital, Roxborough, Philadelphia), to Clarence Prentice May, M.D., June 25. At home, Jackson, La.

**Maude Elsie Harris** (class of 1921, Butler Hospital School for Nurses, Providence, R. I.), to William Francis Spear, June 20.

**Regina M. Kibby** (class of 1924, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Lee Wasmuth, June 1. At home, Pulaski, N. Y.

**Margaret A. Leech** (graduate of St. Joseph's Hospital, Far Rockaway, L. I.), to Alfred H. Pace, June 8. At home, Scranton, Pa.

**Elizabeth H. McEwan** (class of 1915, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Frank Morehouse, June 24. At home, Brooklyn.

**Mary Janette Melvin** (class of 1918, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.), to George Welsey Kimball, June 18. At home, Canandaigua.

**Margaret V. Owens** (class of 1923, St. Luke's Hospital, Bethlehem, Pa.), to Everett J. Decker, June 6. At home, Hazleton, Pa.

**Eula Lee Paschall** (class of 1906, St. Luke's Hospital, Bethlehem, Pa.), to S. H. Keller, June 30. At home, Waynesville, N. C.

**Ella May Scheidy** (class of 1907, Allegheny General Hospital, Pittsburgh, Pa.), to Louis Weis, July 11. At home, Detroit, Mich.

**Florence Barbara Scratch** (class of 1921, The Grace Hospital, Detroit), to Carl Edwin Carlson, June 23.

**Walburgha Rose Siegmman** (class of 1914, Cleveland City Hospital, Cleveland, O.), to Carlton Hafner Kerr, June 4. At home, Los Angeles, Calif.

**Sara Spencer** to Harry Loyd, June 16, in York, Pa. At home, Elmira, N. Y.

**Helen D. Stevens** (class of 1924, York Hospital, York, Pa.), to George W. Fetch, June 4. At home, Wyoming, Pa.

**Alice Stillman** (class of 1920, Calumet and Hecla Training School, Calumet, Mich.), to Martin O'Neil, May 20. At home, Detroit, Mich.

**Dorothy M. Troy** (class of 1923, Protestant Episcopal Hospital, Philadelphia), to Howard Wiestling Lewis, June 27. At home, Philadelphia.

#### DEATHS

**Jessie M. Anderson** (class of 1922, Maine General Hospital, Portland, Me.), on July 5, at Western Maine Sanatorium, Greenwood Mountain, after an illness of several months. Miss Anderson did private duty nursing after her graduation and later, public health work. She was very faithful in her profession and endeared herself to all who knew her. Burial was at Yarmouth.

**Kate Waller Barrett, M.D., D.S.C.** (graduate of the Florence Nightingale School, St. Thomas' Hospital, London, England), in March. Mrs. Barrett took a keen interest in all social questions and especially devoted her efforts to professional education for women and better laws for the protection of young girls. In November, 1915, she organized the International Council of Women at San Francisco.

Mrs. Charles Moore (**Alice Dodd**, class of 1907, Hahnemann Hospital, Philadelphia), of pneumonia, on June 9, at Bangor, Pa.

**Agnes M. Fraser** (class of 1905, Butler Hospital Training School for Nurses, Providence, R. I.), on June 17, at Augusta, Georgia. Miss Fraser was for several years a valued district nurse in East Providence, Rhode Island, and after serving overseas in the World War entered the service of the U. S. Veterans' Bureau and was located in Lenwood Hospital, Augusta.

**Ella Gilchrist**, in March. Miss Gilchrist had been for more than twenty years registrar of the Central Directory in Santa Barbara, Calif.

**Mrs. Agnes Coleman Hansli** (class of 1922, St. Francis' Hospital, Hartford, Conn.), on June 14, leaving a baby daughter three days old. Mrs. Hansli was an active class member, and always gave it loyal support. The members have lost a jolly classmate as well as an excellent nurse.

Mrs. Joseph E. Wheeler (**Alline Maxville**, class of 1916, Missouri Baptist Sanitarium, St. Louis), at the Sanitarium, on May 14, of eclampsia, following Caesarian section. Premature girl twins survive. Mrs. Wheeler had served with the Army Nurse Corps at Camp Pike, Ark., 1918-1919; with the Red Cross in Hugo, Okla., 1919-'20; with the U. S. Public Health Service in St. Louis, 1920; and with the U. S. Veterans' Bureau in Algiers, La., Oteen, N. C., and St. Louis, 1921-'23. She gave her life for the greatest cause of all—motherhood.

**Garnet Isabel Pelton** (class of 1902, Massachusetts General Hospital, Boston, Mass.), in Denver, Colorado, on June 15. Miss Pelton suffered her first breakdown while a student at Wellesley College, her graduation being delayed until 1897. A period of rest was necessary after graduation. Two years in the study of medicine at Johns Hopkins University preceded her course in nursing at the Massachusetts General Hospital. Upon the completion of this training she went for her first work in Social Service to Denison House in Boston. From Denison House she was called to assist Dr. Richard Cabot in starting the Hospital Social Service at Massachusetts General, being the first pioneer in this field. After a year of this work she suffered a complete breakdown, and was forced to give up work for a considerable time. Several years were spent in travelling abroad. For two years she was head of the organized charities of Asheville, North Carolina, where she had gone to recuperate. Again, while recovering from a severe attack of her trouble, she undertook the organization of the Denver Tuberculosis Society. This was in 1917, and for four years she gave largely of her energy and enthusiasm to the perfecting of this, another pioneer endeavor. In 1921, she came to the Colorado Tuberculosis Association as Executive Secretary, in which capacity she served until her death. Richard C. Cabot said that she showed "quite extraordinary insight and originality in social and medical social work, abundant expertness as a nurse, great charm and energy in her work." Older readers of the *Journal* will remember that Miss Pelton edited a department, called "Events of the Day," for a year and a half, during 1916 and 1917. Many

expressions of appreciation of her work were received during this time from our readers.

Mrs. William McGowan (**Mary Riddle**, class of 1904, Joseph Price Hospital, Philadelphia) recently, at her home near Philadelphia.

**Maya Iye Sudo** (class of 1911, Jefferson Medical College Hospital, Philadelphia), on June 18, at Philadelphia, following an operation. Miss Sudo was a native of Japan, but received all of her academic and professional education in this country. Her professional activities included both private duty and public health work. She prepared for the latter field at the Social Service School, Philadelphia, and at Teachers College, New York. She was a woman of keen mind, charming manner, and beautiful character; she made a fine

record in public health nursing in the mountains of Kentucky.

Mrs. Archie Sprague (**Martha Unger**, class of 1905, Joseph Price Hospital, Philadelphia) recently, at her home near Pemberton, N. J. Mrs. Sprague was instantly killed by a stray machine gun bullet from the range at Camp Dix.

**Olivia Werking** (class of 1920, City Hospital, Martinsburg, W. Va.), on June 2, of nephritis and myocarditis. Miss Werking was a bright, cheery girl, much loved, and a very efficient private duty nurse in Martinsburg.

Mrs. Davis (**Anna Wulf**, class of 1891, Connecticut Training School for Nurses, New Haven, Conn.), on June 22, in Stockton, California, after a long illness. Mrs. Davis was held in high esteem by her patients and associates.

"There's a breathless hush in the close tonight—  
Ten to make and the match to win  
A bumping pitch and a blinding light,  
An hour to play and the last man in.  
And it's not for the sake of the ribboned coat,  
Or the selfish hope of a season's fame,  
But his captain's hand on his shoulder smote—  
Play up! play up! And play the game.

"This is the work that, year by year,  
While in her place the school is set,  
Every one of her sons must hear,  
And none that hears it dares forget.  
Thus they all with a joyful mind  
Bear through life like a torch in flame  
And, falling, fling to the host behind—  
Play up! Play up! And play the game."

—HENRY NEWBOLT.



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## BOOK REVIEWS

CREATIVE EXPERIENCE. By Mary P. Follett. Longmans, Green & Co., New York. Price, \$3.

This book is very stimulating to one's thought, reformulating more clearly and definitely the principles one has felt and used subconsciously for some time, correlating some of the sciences in their recent developments, and redefining some much used words in the light of present-day needs and usages. It should prove very useful to teachers and administrators in their efforts to awaken the dynamic power which it is necessary to do to make most of us leave our comfortable seats as onlookers of the world's development and do what we should toward it.

In our various relations with other people, Miss Follett conceives of *adjustment* as static, but *integration* as a synthesis of the evolving elements in a situation, representing growth and an increase in power. With this conception, our individual responsibility is brought forcibly home to us, so to create elements in the solution of our problems with other people that there can be growth of every one concerned. By my action I change the environment somewhat, and other people do the same to me. Because of the changed environment, our future action is thereby different from what it would have been. We must see to it that this interaction is constructive on our own part. This is the responsibility of each member of a democracy, whether that democracy be a classroom, an alumnae association, or a state.

In summary,  
The social process may be conceived either as

the opposing and battle of desires with the victory of one over the other, or as the confronting and integrating of desires. The former means non-freedom for both sides, the defeated bound to the victor, the victor bound to the false situation thus created—both bound. The latter means a freeing for both sides, and increased total power or increased capacity in the world. \* \* \* Each remains forever himself that thereby the larger activity may be enriched and in its reflux reinforce him. The essence of experience, the law of relation is reciprocal freeing.

NINA D. GAGE, R.N.,  
*Changsha, China.*

PERSONAL HYGIENE FOR NURSES:  
Adapted Also to the Use of Students of Physical Education and Other Health Specialists. By John Wymond Miller Bunker, Ph.D., and Clair Elsmere Turner, M.A. Illustrated. 189 pages. The C. V. Mosby Company, St. Louis. Price, \$2.

In this day of rather flamboyant and faddy health literature, it is a relief to find a book giving simply the facts of hygiene with just enough of the physiological basis to interpret the facts. The authors do not content themselves with just scientific facts, but show how to make practical application of the facts. They also show a very practical knowledge of the particular problems of nurses in carrying out the rules of hygiene. For instance, in discussing recreation for nurses, they suggest, To one who is constantly rendering service to others, a complete change is offered by being waited upon. To go to an attractive restaurant where the service is intended to please the senses is a suggestion for such.

Subjects which have been very much over emphasized in some books on hygiene have been treated by these

authors in true proportion. Among these might be mentioned the subject of constipation which has been treated in accordance with the best recognized medical opinion. The chapter on the feet is another instance of a sane treatment of a subject which caused much alarm in the past.

The book is short, easy to read, and the facts are facts, not fads. If pure reason can influence conduct, this book should attain its aim to inspire one to "apply the knowledge to her daily life."

FLORENCE K. WILSON,  
*Cleveland, O.*

#### PRINCIPLES OF SURGERY FOR NURSES.

By M. S. Woolf, M.R.C.S. Illustrated. 350 pages. W. B. Saunders Company, Philadelphia. Price, \$3.

Doctor Woolf's "Principles of Surgery for Nurses" has been written expressly for nurses and by a teacher interested not only in his subject, but in bringing to students in a simple manner the many things so often asked by them, especially while in the operating rooms and in their surgical service.

The presentation of the different surgical affections is clear and the many photographs, X-ray films, diagrams and drawings illustrate accurately a great many subjects very difficult to make clear in any other manner.

The summary appended to each chapter is a valuable addition, especially to the teacher, for a rapid review or reference. There is much of value and interest in this book and it deserves a careful, intelligent study of the many topics so clearly and accurately reviewed. Special mention might be made of the introductory chapter which deals

with the historical development of surgery and gives in a simple and interesting way a brief but accurate review of the outstanding figures and the discoveries which have been responsible for the spectacular progress of this branch of medicine. The book also discusses allied specialties, such as eye and ear, genito-urinary and orthopedic conditions from the surgical point of view.

The graduate and student nurse will find this volume a valuable addition to her reference and study shelf.

ADA M. OLSEN, R.N.,  
*Minneapolis, Minn.*

PROCEDURES IN NURSING. Part II. By Annabella McCrae. 262 pages. Illustrated. M. Barrows and Company, Boston. Price, \$1.50.

Part I of Miss McCrae's work, containing careful descriptions of the more elementary nursing procedures as taught at the Massachusetts General Hospital, appeared in January, 1924. Part II offers procedures for the more advanced medical and surgical nursing. The material is well organized and descriptions are concise. The book is well printed, well indexed, and is therefore easy to use.

#### ADMISSION SYSTEMS FOR DISPENSARIES.

By John R. Howard, Jr., and Janet M. Geister, R.N.

This twenty-three page pamphlet contains the report of a committee of the Associated Out-Patient Clinics. The subject is discussed under the following headings: Function of the Committee, Method of Study, Analysis of Twelve Steps in Admission Process, Division of Work, Limitations of Numbers, and the

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Conclusion. The pamphlet may be obtained from the Associated Out-Patient Clinics, 17 West 43rd Street, New York City.

RECOVERY RECORD FOR USE IN TUBERCULOSIS. By Gerald B. Webb, M.D., and Charles T. Ryder, M.D. Second Edition. 130 pages. Charts. Paul B. Hoeber, Inc., New York. Price, \$2.

This little book is written primarily for the use of patients under treatment for pulmonary tuberculosis. About eighty of its pages are devoted to an exposition of the rules of living which the authors consider necessary for successful outcome. The remainder of the book consists of simple temperature forms and weight charts, so arranged that a complete daily routine may be kept by the patient over a period of two years.

The book is carefully written in such language as to be readily understandable to the layman. Instructions for ascertaining the body temperature, pulse and so on are carefully and minutely detailed. Diet, fresh air, rest, exercise and climate all receive their due meed of attention. One of the most valuable discussions from the patient's standpoint is that on attainment of the proper mental attitude toward the disease. This contains some excellent advice and is cleverly and convincingly written. In fact, the information set forth in this book is about all that the patient need know in order to wage a successful fight against his infirmity.

While intended solely for the use of

position of the main symptoms and the main features of treatment should be of the sufferer from tuberculosis, the ex-  
value not only to the patient but to the nurse engaged in caring for anyone suffering from this illness.

ALICE E. STEWART, R.N.,  
*Pittsburgh, Pa.*

TRANSACTIONS OF THE SECOND ANNUAL MEETING, American Child Health Association, Kansas City, Mo., October 14,-15,-16, 1924. 408 pages. Published by the American Child Health Association, 370 Seventh Avenue, New York City. Price, \$3.

This compilation of addresses, papers and discussions at the second annual meeting of the American Child Health Association includes the message of the president, Mr. Hoover; the report of the Executive Committee and controller; the second annual report of the general executive, and discussion by leaders in the child health field of such topics as Training Leaders for Child Health Work, Problems of Late Childhood and Early Adolescence, Essentials of Community Organization for Child Health Work, "America's Greatest Asset, Her Children," Special Aspects of Child Health Work, etc.

The volume includes also two addresses delivered before the joint meeting with the Kansas City Annual Fall Clinical Conference and Medical Association of the Southwest; "The Doctor of the Future," by Dr. George E. Vincent, and "International Organization of Child Health and Its Significance," by Sally Lucas Jean.

## How Does Your State Stand?

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